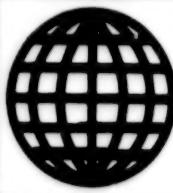


JPRS-TEP-93-027
24 November 1993



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JPRS Report

Epidemiology

Epidemiology

JPRS-TEP-93-027

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REGIONAL AFFAIRS

Roundup of Disease Reports for 19 Oct - 18 Nov

AB1811180093

[Editorial Report] The following is a roundup of recent disease reports from Sub-Saharan Africa media monitored from Abidjan Bureau and EAU coverage areas. Source information follows at the end of each item.

Cameroon

Yaounde, 10 Nov. (CAMNEWS/PANA)—About 120,000 people are suffering from the deadly Acquired Immune Deficiency Syndrome (AIDS) disease, the minister of public health, Joseph Mbede, said in Yaounde on Tuesday. Launching the AIDS awareness week in the country, he said prostitutes were among the high-risk people in the country. Mbede said 45 percent of prostitutes in Douala, Cameroon's economic capital, and 25 percent in the capital, Yaounde, had contracted the disease for which there is no known cure. The launching of the AIDS awareness week comes shortly after the seminar on social marketing of condoms and laboratory diagnosis of the AIDS virus. [Dakar PANA in English 1054 GMT 10 Nov 93]

Cote d'Ivoire

The people of Adzope and Agboville are worried over a cholera epidemic in the area. Within 3 weeks 106 cases were officially recorded and 13 deaths reported. [Abidjan FRATERNITE MATIN in French 8 Nov 93]

Ethiopia

The number of AIDS-related deaths in Ethiopia in the next 6 years is estimated to reach 296,600. Dr. Hailu Negasa urged the people to take the necessary precautions to avert such a disaster. The head of research and study at the National AIDS Control and Prevention Bureau noted that the number of victims from the dreaded disease, which is spreading in our country at an alarming rate, is increasing. Briefing a half-day seminar organized by the Culture and Sports Ministry on 15 November on the theme of jointly combatting AIDS, Dr. Hailu said that during the same period the number of HIV virus carriers will exceed 1,115,000. [Addis Ababa Voice of Ethiopia Network in Amharic 1700 GMT 16 Nov 93]

Ghana

There has been a significant decline in Guinea worm cases in the Upper West Region. Regional director of health Ebenezer Appiah-Denkyira says reported cases of the disease dropped from 831 last year to 469 this year. [Accra Ghana Broadcasting Corporation Radio Network in English 2000 GMT 27 Oct 93]

In Ghana since the official notification of the first two AIDS cases in 1986, various educational programs continue to be put in place to address and contain the spread

of the disease. To maintain AIDS awareness in Ghana, the month of November has been declared AIDS awareness month. As at April this year, the total number of reported AIDS cases was 11,044. [Accra Ghana Broadcasting Corporation Radio Network in English 1300 GMT 1 Nov 93]

Kenya

Scientists in Kenya researching into HIV say they have made a big step forward in the search for a vaccine which could protect the people against the killer disease AIDS. A joint Canadian-Kenyan research team working in a poor area of Nairobi has discovered 25 prostitutes in a study of nearly 2,000 women who they think have a natural immunity to HIV. [London BBC World Service in English 1515 GMT 19 Oct 93]

Mombasa, 10 Nov (KNA)—Over 38,260 cases [of AIDS] had been diagnosed in the country as by July this year. UNICEF communication/information officer Mr. Greg Owino disclosed this when he presented certificates to winner of this year's music festival held at a Kwale hotel. Mr. Owino told the participants drawn from primary schools and institutions of higher learning that the national AIDS control programme estimates that only a third of AIDS cases are diagnosed and projects that the actual figure stood at 120,000. The information communications officer added that UNICEF would remain committed to encouraging behavioural changes in a bid to strengthen [the fight] against AIDS. [Nairobi KNA in English 1330 GMT 10 Nov 93]

A report compiled by the office of the vice president and minister of planning and national development estimates that the prevalence of the AIDS disease will rise to over 7.5 percent by the end of this year, with urban prevalence rising to between 14 to 15 percent. The report, which was presented to a UNDP-sponsored seminar for policy-makers held in Nairobi yesterday, observed that the AIDS epidemic has been rising rapidly by about 3.3 percent in 1990 to 4.4 percent in 1991 and 5.6 percent in 1992. The report notes that despite the government's efforts to create awareness of the disease, it has been difficult to change social behavioral patterns of individuals. [Nairobi Kenya Broadcasting Corporation Network in English 0400 GMT 13 Nov 93]

Rwanda

As part of the 48th anniversary celebration of the United Nations, representatives of UN organisations in Kigali organized a lottery and events to assist AIDS orphans. The ceremonies took place today at the Nyamirambo Regional Stadium, Kigali. Correspondent Jean-Francois Gisimba reports more than 60,000 children are today AIDS orphans. According to the minister of health who presided over the activities, Kigali alone had more than 13,000 AIDS orphans in 1991. In Rwanda, the number of those who have been infected by the AIDS virus is between 19 percent and 35 percent. In rural areas, the number of AIDS carriers is about 8 percent. [Kigali

Radiodiffusion Nationale de la Republique Rwandaise in Kinyarwanda 1700 GMT 13 Nov 93]

Sudan

The Sudanese Government on 15 November announced plans to launch a nationwide antimalaria campaign that will cover all nine states in the country. The cabinet decided to launch the "emergency" campaign on Sunday after ministers heard a report on the spread of malaria in central Sudan from federal Health Minister Captain Glwak Deng. Last week, a government-owned daily, AL-ANGAZ AL-WATANI, reported that 2,879 people died of malaria in one hospital alone in the space of a month and said the disease had taken the form of an epidemic. A federal government official refuted the report, saying it was "irresponsible," but no correction was made in either of the government newspapers.

Munir Abarou, head of the epidemic department at the Federal Ministry in Khartoum, has asserted that "the rise in malaria was seasonal" and that "it is under control." Abarou, a doctor, said the department's records "show only seven cases of death out of the reported 760 clinically diagnosed malaria" cases, adding that even this figure was "alarming" for his department.

The outgoing health minister, Brigadier Faisal Medani Mukhtar, told a conference attended by representatives of the UN World Health Organization (WHO) and other regional and international organizations, that malaria is "the most complex problem Sudan faces." Half of Sudan's population needed treatment against malaria and the ministry needed 10 million dollars for that, Mukhtar said.

The minister told the conference that a project to build the Kenana and Rahad canals in eastern Sudan "might bring an environmental catastrophe in the future", as malaria, already on the increase, could spread. WHO has stated that malaria has taken "epidemic proportions" in Ethiopia, Madagascar and Sudan. It said the entire population in Sudan is at risk and that about 10 million people are believed to have malaria. [Paris AFP in English 1445 GMT 15 Nov 93]

Tanzania

President Ali Hassan Mwinyi has urged religious leaders to assist the nation in the struggle against the deadly disease AIDS at the opening of the national workshop on AIDS, which was organized by the ruling Revolutionary Party [CCM] in collaboration with the Ministry of Health. President Mwinyi said that the government should not be left alone to fight AIDS, but religious leaders also have a duty to help it. President Mwinyi, who is also CCM chairman, said that everybody is supposed to be involved in the struggle. The workshop is also discussing strategies to include AIDS education in school syllabuses. Speaking later, Health Minister Amrani Mayagila said out of every 27 people

in the country one is HIV positive. [Dar es Salaam Radio Tanzania External Service in English 1600 GMT 8 Nov 93]

There has been an outbreak of meningitis at the Burundi refugee camp in Kibondo District, Kigoma region. Kibondo District health officials told a government delegation from the Ministry of Health, which visited the camp on 8 November, that four refugees suffering from meningitis at Mabamba ward camp had been referred to Kibondo District Hospital but no deaths had been reported. The delegation, on a health fact-finding mission in refugee camps in Kigoma region, was also told that 140 refugees have been diagnosed for dysentery and that 30 refugees out of every 100 are suffering from eye problems. [Dar es Salaam Radio Tanzania External Service in English 0400 GMT 9 Nov 93]

Dar es Salaam, Nov 11 (AFP)—Dysentery and other water-borne diseases have hit a Burundi refugee camp at northwestern Tanzanian town of Kigoma, killing two children, the state-owned DAILY NEWS reported here on Wednesday. The paper quoted a source at the Tanzania Christian Refugee Services in Kigoma as saying that two children died of dysentery at the camp on Sunday. The paper said the camp was housing 4,000 refugees, living in filthy and unhygienic conditions due to lack of sanitary facilities, who have been forced to go without vital medicines since they fled Burundi following a coup bid in which President Melchior Ndadaye and several of his aides were killed. [Paris AFP in English 1452 GMT 10 Nov 93]

Dodoma [central Tanzania] President Ali Hassan Mwinyi has urged all party, government, and religious leaders to desist from any inhibitions and instead be frank with the people and explain to them the truth on the effects and the serious situation regarding AIDS in the country. Opening an AIDS workshop that is being attended by MPs, members of the Zanzibar House of Representatives, ministers, members of the Revolutionary Party National Executive Committee as well as leaders from various religions, he said the situation with regard to AIDS in the country was now alarming. He said that of the 7.5 million people with the HIV virus in Africa, 10 percent of them are in Tanzania, and of the 600,000 AIDS patients, 120,000 of them are in Tanzania. President Mwinyi told the workshop that statistics show that of every five AIDS patients in Africa, one is in Tanzania. The president cautioned that if resolute measures are not taken to avert the spread of the disease by the year 2000, 2.4 million people will have the HIV virus in Tanzania and the number of AIDS patients will be 800,000. He said the number of orphans resulting from AIDS would be between 500,000 and 1 million. [Dar es Salaam Radio Tanzania Network in Swahili 1700 GMT 10 Nov 93]

Nine people recently died in Iteje Ward of Ileje District of dysentery, which affected 145 local residents. Ileje District Commissioner (Ndugu Yoyin Ngajilo), said that following the outbreak of the disease in the ward,

which consists of four villages, a team of doctors from the Ileje and Isoko Districts were sent to deal with the disease. [Dar es Salaam Radio Tanzania Network in Swahili 0700 GMT 18 Nov 93]

Uganda

A Ugandan scientist, Dr. (Binandi Nantulia), hailing from Pallisa District but based in Kenya, has made a breakthrough by developing a new diagnostic test in trypanosomiasis both in human beings and animals. Dr. (Nantulia) made the revelation in Kampala on 26 October during the 22d international conference on trypanosomiasis research and control while delivering a paper on his new discovery, titled the development of (latex agglutination antigen) test for the diagnosis of African trypanosomiasis. With this new discovery, the infection can now be diagnosed even if it is hidden from the blood. [Kampala Radio Uganda Network in English 1700 GMT 26 Oct 93]

Epidemiological Reports for 1 - 7 Nov

MB0711191493

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 1 to 7 November concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Mozambique

Diarrhea—An outbreak of bloody diarrhea is affecting Montepuez, Ankuabe, and Namuno Districts in Cabo Delgado Province. Members of the Fight Against Cholera Provincial Brigade have been going to those districts to control the disease. In Mueda District, and also in Cabo Delgado, 20 cases of bloody diarrhea have been recorded. There have been no reports of deaths as a result of the disease. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 1 Nov 93)

Cholera-Free Zones Declared—Health authorities have declared the Provinces of Maputo, Gaza, Inhambane, Manica, and Tete as cholera-free zones. No cholera cases have been reported in Maputo, Gaza, and Tete Provinces since May 1993, and in Inhambane and Manica Province since September 1993. By October 1993, some 13,000 cholera cases, 445 of which were fatal, were reported in Mozambique. (Maputo Radio Mozambique Network in Portuguese 1030 GMT 4 Nov 93)

Cholera in Cabo Delgado Province—A cholera epidemic, which broke out in Chiure District in early October, has already killed 20 people. That epidemic had already affected some 3,000 people by mid-October. (Maputo Radio Mozambique Network in Portuguese 1730 GMT 4 Nov 93)

Epidemiological Reports for 8 - 14 November

MB1411192093

[Editorial Report] Following is a compilation of reports monitored by FBIS Mbabane Bureau from 8 to 14 November concerning outbreaks of and reports on various diseases. Items are listed by country and disease. Source follows each item.

Angola

Measles, Other—"Malnutrition, dysentery, and measles are the main causes of child mortality in Luanda, which currently has the world's highest child mortality rates. Sources in the Children's Ward at Luanda Hospital have revealed that 447 children have died [words indistinct] the crushing majority of victims are children below the age of two." (Jamba Voz da Resistencia do Galo Negro in Portuguese 0600 GMT 11 Nov 93)

Botswana

AIDS Orphans—It is estimated that there are close to 1,000 AIDS orphans in Botswana. The number could rise to 30,000 by the year 2000. In its weekly release, the AIDS/STD Unit in the Ministry of Health highlights the problems AIDS orphans face in Botswana. They face a double stigma and discrimination, as do the families and caretakers who are left to care for them. The unit says with the scale of the AIDS epidemic in Botswana, AIDS orphans will become a more visible feature. (Gaborone Radio Botswana Network in English 0510 GMT 12 Nov 93)

South Africa

Tuberculosis—There is a major "tuberculosis epidemic" in South Africa that is "claiming the lives of 7,000 people every year," says Pretoria University's Professor of Community Health Eric Glatthar. About 10 million people in South Africa had been infected with TB, while 150,000 were in the active stage of the disease, he told an SA Institute of International Affairs conference on the politics of health last week. The "worst hit of SA's population were the colored community of the western Cape." The prevalence of TB in this sector, which was currently about 600 cases per 100,000 people, was "astronomically high and posed a severe problem for health authorities." The reasons for the sudden outbreak in the western Cape were "unknown." (Johannesburg BUSINESS DAY in English on 9 Nov 93 p 5)

Zimbabwe

AIDS—More than 25,300 cases of AIDS were reported in Zimbabwe between 1987 and the end of September this year, the National AIDS Control Program said on Wednesday. National Coordinator Dr. Everisto Marowa told the ZIANA news agency that during the period under review, 25,332 AIDS cases were reported, most of them in the economically active 20 to 49-year-old age group. Harare had the highest number—5,850—followed by Mashonaland East Province with

2,779 and Midlands with 2,769. Figures given by Dr. Marowa showed that cumulative AIDS cases for women between 1987 and September, 1993 totalled 10,674 and males more than 14,000. Reported AIDS cases in 1993 alone showed there was a total of 6,601 cases by the end of September. Experts estimate that Zimbabwe has more than 55,000 people with full-blown AIDS, and nearly 700,000 with the HIV virus. (Johannesburg SAPA English 2124 GMT 10 Nov 93)

GHANA

Ministry Clarifies Buruli Ulcer Situation

94WE00324 Accra PEOPLE'S DAILY GRAPHIC
in English 11 Aug 93 pp 1, 8-9

[Excerpt] The Ministry of Health yesterday said that the Ashanti regional health administration has not made any formal report at the national level on the outbreak of Buruli ulcer in the Amansie West District.

A press statement signed by Commodore Steve Obimpeh, Minister of Health, said the regional health administration only considered the management of the disease as within its technical competence.

It explained that the 1992 Ashanti Regional Annual Report referred to by the administration, mentioned Buruli ulcer only as a subject of research being undertaken by the regional health management team and not as a disease of public health concern for which urgent action was required.

Commodore Obimpeh said the statement was meant to clear the air by providing up-to-date information on the disease in Ghana and the Amansie West District, in particular, and to inform the public about steps being taken to address the problem.

The statement said it is not true that it is a new disease for which the cause and cure are not known, adding that a number of patients have been adequately treated at Agroyesum with marked improvement.

It said investigations have shown that "the so-called new disease" is Buruli ulcer, an infectious disease well known to medical sciences and documented as far back as 1948.

The statement said in the Amansie West District, cases of this disease have been reported at the Agroyesum Hospital for over 10 years now.

Cases have also been reported from 33 out of the 135 villages in the district with the most endemic villages being Tontokrom, Bonsaaso, Essienkyem, Afraso and Asamang, it said.

According to the statement the disease which usually starts as a firm swelling on the skin later develops into an ulcer, usually on the lower limb.

The statement said the disease is curable when diagnosed early with normal anti-tuberculosis drugs. However, if

left unattended, it can lead to disfigurement and gross disability. [passage omitted]

MOZAMBIQUE

Conditions in Niassa Provincial Hospital

93WE0595A Maputo TEMPO in Portuguese
15 Aug 93 pp 26-31

[Article by Fernando Manuel: "We Are Getting Increasingly Worse Off, Thank You..."]

[Text] In Lichinga, in Niassa, more people die from fear of getting sick than from illness itself. And it is no wonder. The provincial hospital, including the resources with which it operates, and the way it looks do not make it very recommendable. All that remains now is the hope that a year from now the situation will change as a result of a project with Skillshare Africa.

It is a tragic litany that the locals, without regard to their condition, can recite by heart, with their eyes closed: The provincial hospital of Niassa in Lichinga is a reliable mirror of the isolation and oblivion to which the province has been abandoned. To realize this, all one has to do is take a look around the facilities, see the shriveled faces of the inpatients, the enormous, hopeless bellies of the children, and the resigned disillusionment of their mothers who are there with them.

The wards are always submerged in a dim half-light, with a strong odor of sweat and disease. The hospital's director general, Paulo Fernandes Rodrigues Casimiro, says that the crowning blow, illustrating the dismal situation here, is the fact that "there has been an infiltration of mold in the operating room for a long time now." This is due to cracks in its structure. The entire unit is in need of urgent physical rehabilitation work, something that it has not had since the first stone was laid there in 1945.

In terms of medications, the hospital is operating with just "two injectable antibiotics. Everything else is totally lacking." There are outbreaks of bloody diarrhea, mange, frequent cases of malnutrition among the children, and respiratory infections. Almost all of these diseases can be cured only by chance, since the hospital has not had regular supplies of medications for those diseases for 2 years.

The provincial hospital of Niassa has a capacity for 180 beds, some two-thirds of which are normally occupied, except at "peak periods" when this capacity is exceeded. The equipment is scarce, obsolete, or out of order because of the lack of one essential component or another. Working under these conditions, and according to Paulo Casimiro, the medical personnel frequently find themselves forced to transfer patients to hospitals in Nampula or Maputo. This occurs "three or four times per month." This is just one more problem to add to others. In fact, "these transfers only serve to overload the

already meager budget that the hospital has, since the majority of the transferred patients are poor." The expenses of transferring them are underwritten by the hospital.

The somber and strong-smelling environment that is being experienced in our hospital is due to the fact that it, like the whole city of Lichinga, does not have a supply of electrical energy or running water most of the time. "The dam usually does not have water in the dry period. When it has water, there is not any diesel oil, and even when everything is full, the hospital does not always have high priority," Paulo Casimiro explains. Children have been delivered by lamplight. But that would be the least of the problems for the only four doctors, who serve as jacks-of-all-trades. They are overburdened with work—office visits, emergencies, general clinic, and making the rounds at the hospital.

"After all that," one doctor said, "how many times have we gone back home only to find that we cannot sleep, overwhelmed with remorse by the fact that one of the patients in our care has died, bleeding to death, and we did not have any way to help him?"

For the foreseeable future, the situation can only get worse. Paulo Casimiro told us that there are predictions of great difficulties, now that with peace, people are beginning to flow in in great waves from the districts where it has not previously been possible to reach the provincial capital.

July 1994: Turning of the Page?

If everything goes according to plan, the end of this nightmare could come in July 1994, the deadline on which the first of the three phases of a rehabilitation project that has been under negotiation since 1989 should be completed. The beginning of the construction work has already been postponed several times, because the negotiating process underwent the usual advances and retreats, impasses, and threats of absolute standstill. Now, however, Paulo Casimiro and his colleagues have "faith" that the startup will definitely take place some time during these first days of August. There are reasons:

For this first phase, the European Community, under the heading of "Support for Countries' Victims of Apartheid" has already made available 573,000 ECUs [European currency units] (nearly \$800,000), running the project with technical assistance from Skillshare Africa, a nongovernmental organization from Great Britain. This past 29 July, the director general of this organization, Cliff Allum, coming from London, and the director in Mozambique, Alvaro Casimiro, were in Lichinga to officially set 2 August as the day of the beginning of construction work. More than that, the moment signaled the immediate alleviation of one of the most serious problems that the provincial hospital of Niassa has to deal with—the lack of hospital clothing.

Cliff Allum made the formal delivery of packages containing nearly 3,000 pieces, among which were sheets

and blankets, pajamas, dressing gowns and pants, and ["balalaikas] for the medical and paramedical personnel and the mothers staying there. These pieces were manufactured in the country, by Benta in Beira

According to the director general of Skillshare Africa, the project's philosophy has this priority: "the physical rehabilitation of the facilities and the replacement of equipment." And so, the main nucleus of the building will be rehabilitated over the upcoming 12 months, and we will proceed with the replacement of the hospital clothing and medications, the delivery of two ambulances and a vehicle for the staff, and installation of equipment for the production of solar energy.

The completion of the final two phases to follow will be conditional upon the "satisfactory completion of this one." In the second phase, plans are "to complete the physical rehabilitation," attacking the kitchen, the dining hall, and the laundry, a picture that will be completed with the construction of houses for "hospital personnel." Then, in the third phase, which is defined as that in which "we will look outside the walls of the hospital," it is agreed that health centers should be built around this unit in order to take some of the pressure off it and decentralize medical care.

Up until 1989, the provincial hospital of Niassa, which is considered to be a tertiary-level facility, operated with the almost exclusive support of Soviet medical teams under the framework of the agreements that were then in force and had been in force since the nation's independence in 1975. With the dissolution of the USSR in 1989, Lichinga suddenly found itself faced with the truth that it would have to replace "with extreme urgency" the medical team, which already had its bags packed for the flight home. And with it went all the technical and logistical apparatus that had served as support.

It was in this emergency, according to Alvaro Casimiro that the Ministry of Health contacted Skillshare Africa. "We simply reached the conclusion that no technician of ours could work here adequately unless the hospital was physically rehabilitated first," he said. This is the genesis of the project that is beginning now, nearly 4 years later. Be that as it may, it is good to see that at the same hospital in Lichinga, however, in different areas, one also finds organizations such as UNICEF, Handicap International, and the Swiss Red Cross engaged in assistance work with projects of their own. Against this dispersal of efforts, Cliff Allum expressed the feeling that "I think that it would be extremely beneficial for the NGO's [nongovernmental organizations] in Mozambique to coordinate their efforts."

To Work on Change

In this region, Skillshare Africa, which is geared "fundamentally" toward technical assistance, is supporting projects in Lesotho, Botswana, and Swaziland, in addition to Mozambique, where the "vanguard" of its intervention is located in Lichinga. Up until now, in fact, everything indicates that the scope of action of this NGO

in the country is going to broaden and diversify, at least according to the perception of Cliff Allum, who was named director general nearly 3 months ago and who had his baptism in terms of contact with reality on the ground here.

Before Niassa, Cliff Allum covered hundreds of kilometers by car in Cabo Delgado, Nampula, Sofala, and Maputo, to reach an all-encompassing conclusion: That, far from forming differences, the situations encountered tend toward similarity—generalized shortage of water or equipment to transport it to the communities, lack of means of operation, and an urgent need to physically rehabilitate buildings.

The visit was geared toward water supply systems, hospital units, schools, and community development projects, with exchanges of impressions with institutions, community leaders, and governmental cadres. Not only does Cliff Alum believe that the understanding thus achieved can eventually make it possible in the future to diversify the traditional areas of operation and intervention of Skillshare Africa in Mozambique, but he also predicted changes in its very philosophy and modus operandi, so as to correspond to new challenges. This is always possible, even if it is understood that it depends primarily on appeals or interest that may or may not come from the national authorities.

A clear example of this is the fact that, after referring to all the items that would affect the assistance projects in the areas of education, health, and water supply, Cliff Allum said that in none of these sectors could one conceive of development without involving agriculture and fishing, which are thought of as supports. And in these, there is the need to think about the transition from the primary phase of harvest to that of the whole process up to the placement of the product on the markets, both national and foreign, and the transition from subsistence levels to those of creation of surpluses.

Precisely for agriculture and fishing, the director general of Skillshare said that he was aware of the existence, on the part of the government, of a development strategy,

referring to that convergence as a good point of departure for future cooperation. "The question is: How can these sectors be improved, thus improving people's living conditions?" he said.

Be that as it may, the formulations will only be definitive after a deeper "evaluation" and "I have collected some information." Lichinga and its provincial hospital already constitute a point of departure. Nevertheless, "I continue to understand that a change in our philosophy and modus operandi will perhaps be the optimum direction for the future."

As far as Cliff Allum is concerned, then, the question is not whether his organization will or will not be able to participate in the social and economic rehabilitation of Mozambique, but rather lies in defining "what is the role to be played" in the multifaceted checkerboard of the NGO's in the country.

TANZANIA

Vaccination Campaign Begins in Burundi Refugee Camps

*EA1011215093 Dar es Salaam Radio Tanzania
External Service in English 1600 GMT 10 Nov 93*

[Text] In Kibondo [in western Tanzania on the border with Burundi] a massive vaccination campaign against communicable diseases among the Burundi refugee population is under way in Kigoma region. The campaign against measles, meningitis, polio and diphtheria is to be carried out by the Government of Tanzania and international relief agencies in temporary refugee camps and villages in the region. The Kibondo District medical officer, Dr. (Philimon Hugiro), told Dar es Salaam Radio Tanzania External Service in Kibondo that the organization, Medecines Sans Frontieres, was scheduled to start measles vaccination in (Kugogo) temporary refugee camp in Mabamba Ward in the district.

There are nearly 150,000 refugees in Kibondo District and the same figure in Kasulu district. Ndugu (Hugiro) has called for increased medical supplies to cope with the massive influx of the Burundi refugees in the district.

Two National AIDS Control Centers To Be Established

HK1611101693 Beijing CHINA DAILY in English
16 Nov 93 p 3

[By staff reporter Zhu Baoxia: "More Aids Screening Planned"]

[Text] The central government is to allocate an additional 3.5 million yuan (\$603,000) for expanded surveillance of AIDS and other sexually transmitted diseases (STDs) across the country.

The added budget will be used to subsidize construction of two national AIDS control centres in Guangdong and Yunnan provinces, and to improve the national STD control centre, which is located at the Skin Diseases Research Institute of the Nanjing Academy of Medical Sciences in Jiangsu Province.

The centres will undertake surveillance work on AIDS and STD in their own and neighbouring provinces and provide technical assistance for the carrying out of AIDS and STD control for the rest of the country, said Dai Zhicheng, director in charge of anti-epidemic department of the Ministry of Public Health.

A report from the Ministry of Public Health revealed that by May, some 1,106 HIV-positive cases had been detected since 1985 in 19 provinces throughout the country.

Most of the newly infected are drug users in South China's Yunnan Province who contracted the virus through contaminated syringes and needles.

Some were infected abroad through sexual intercourse. These patients are concentrated in major cities.

More than 100,000 new STD cases have been reported annually over the past few years.

Dai said the State has spent some 30 million yuan (\$5.2 million) in the past three years on a nation-wide programme to stop the spread of AIDS and STDs.

Foreign countries and some international organizations have also given the ministry and some local provinces \$4 million to help train professionals and carry out publicity and education.

The World Health Organization (WHO) has supported the mapping out and implementation of a short-term AIDS control programme.

The United Nations Development Programme (UNDP) and the European Community have helped health administrative departments to carry out publicity and train government officials at all levels to inform them of the situation in the world and across the country and to encourage them to support the nationwide AIDS control actions.

As result, some 2 million high-risk people, including prostitutes, persons returned from abroad and drug addicts, have been tested for the HIV virus.

All medical institutes in the places where high-risk individuals are located have been ordered to use disposable medical instruments.

Parasitic Infection in Hainan Alarming

93WE0329A Beijing JIAN KANG BAO in Chinese
4 Mar 93 p 3

[Article by reporters Fu Zhuangcai [4569 1104 2088] and Zheng Lingqiao [6774 7227 1564]: "Hainan Has a Frightening Rate of Parasitic Infection, Province Has 50 Known Types of Human Parasites"]

[Text] The Hainan Province Tropical Disease Prevention Institute recently discovered another 15 types of human parasites, which brings the number of human parasites known to exist in the province to 50 types, and it leads China in infection rates. The Institute announced on 3 March 1993 that prevention work trial points will be undertaken for four of the most infectious and prevalent parasites, ringworm, hookworm, whipworm, and pinworm.

The Institute has conducted a 7-year sample survey in Hainan Province. Among the 7,958 people surveyed by the institute, the parasitic infection rate was 94.73 percent. The survey has provided a preliminary clarification of the distribution and spread of human intestinal parasites in Hainan Province. It surveyed a total of 30 types of human intestinal parasites, with 15 parasite species including *Rhabditella aexi* (nemathelminth) and *Paragonimus westermani* (fluke) being newly recorded on Hainan. It also provided the first confirmation that *Paragonimus* exists in the province. Among the intestinal parasites discovered in the survey, geonemathelminths had the highest infection rates, with infection rates of 61.77 percent for roundworms, 66.70 percent for whipworms, and 60.81 percent for hookworms. The average multiple infection rate was 81.20 percent, including 48.22 percent of the number of persons infected being simultaneously infected with three or more types of parasites. The person with the single largest number of simultaneous infection parasites had seven types of parasites. Compared to the results of similar surveys conducted throughout China, Hainan was the national leader in the total infection rate for human parasites, rate of discovery of new parasite species, infection rates for whipworm, roundworm, and hookworm, and infection rates for residents of the Li nationality. This shows that human parasite prevention work in Hainan Province must be strengthened.

The related experts feel that parasitic infection rates are an important matter that concern the physical health of all the people as well as an important indicator for measuring regional social development levels. The current situation for human parasite infection rates in the rural areas of Hainan Province is rare in China and

should receive a high degree of attention from the relevant leaders, who should include parasitic disease prevention work in the province's overall socioeconomic development programs, actively undertake prevention work in a planned and focused manner, and control intestinal parasite infection rates and perniciousness to the lowest degree.

Shanghai Institute Builds Embryo, Reproduction Laboratory

*OW1011184193 Beijing XINHUA in English
1712 GMT 10 Nov 93*

[Text] Shanghai, November 10 (XINHUA)—An embryo and reproduction engineering laboratory, the first of its kind in China, was set up today at the Shanghai Medical Genetics Institute.

The laboratory today passed an appraisal by a panel of experts, who concluded that the laboratory will play an important role in research of embryo genetics of animals and human beings, in raising the economic efficiency of animal reproduction, and in preventing and treating human hereditary diseases.

Peng Peiyun Attends Meeting on Controlling Snail Fever

*OW1711065693 Beijing XINHUA in English
0639 GMT 17 Nov 93*

[Text] Nanjing, November 17 (XINHUA)—China is about to bring under effective control snail fever, the incidence of which picked up in the 1980s, according to participants at a national meeting that opened here today.

"This indicates that China has made great progress in the control and treatment of such parasitic diseases," Zhang Yanxi, deputy minister of agriculture, said.

Speaking on behalf of the State Council, Zhang said at the meeting that China is a large agricultural country where snail fever is endemic.

He noted that China has made great achievements in treating and controlling snail fever, which occurs mainly in river valleys in Hubei, Hunan, Anhui, Jiangxi and Jiangsu Provinces.

The disease, although brought under control over four decades ago, became a problem again in the 1980s due to many factors.

In 1989, the State Council entrusted the ministries of public health, agriculture and water resources to mobilize the people to fight the disease.

As a result, the incidence of snail fever dropped by 86.82 percent from 13,191 cases in 1989 to 1,781 cases last year.

Zhang attributed the good result to the principle of "comprehensive treatment and control of the disease in a scientific way."

Under that principle, farmers are encouraged to take various measures to prevent the spread of snail fever.

In addition, localities have set up special organizations to control and treat the disease.

Zhang acknowledged that the work of control and treatment is still quite difficult and called on local government organs to strengthen leadership, combine the treatment of the disease with scientific farming techniques, and launch publicity campaigns on preventing snail fever while training more professionals to study and wipe out the disease by the end of this century.

The 3-day meeting on the disease is aimed at exchanging experience, mapping out a plan for work in 1994 and commending outstanding counties, collectives and individuals that have successfully fought snail fever.

Present at today's meeting were State Councillor Peng Peiyun, leading officials of the ministries of public health and water resources, and officials and medical workers from 17 state departments and 12 provinces, municipalities and autonomous regions.

Kunshan, Jiangsu Province Eliminates Snail Fever

*OW0811061293 Beijing XINHUA in English
0605 GMT 8 Nov 93*

[Text] Nanjing, November 8 (XINHUA)—Kunshan, in east China's Jiangsu Province, has succeeded in wiping out snail fever, or schistosomiasis, according to an official of the city government.

The official said that local hospitals have not found any infected people or buffalos over the past 7 years.

The infested acreage in Kunshan, which used to be one of the ten areas most seriously infected with snail fever, has been reduced gradually, he said.

In the past, such acreage covered as much as 156 million square meters, and 280,000 people suffered from schistosomiasis.

Over the past decades, the local government has persisted in its drive to control schistosomiasis, the official said.

He said that the government has allocated 16 million yuan (about 2.8 million U.S. dollars) to Kunshan to help eliminate the disease.

The worms involved have been eliminated in a total area of 350 million square meters, and more than one million schistosomiasis patients have been cured.

By the end of 1976, the worm-infested acreage had been reduced by 99.9 percent, and the number of incidence had dropped by 96.6 percent.

More than 100,000 farmers have been mobilized to eliminate these worms, along with the construction of farm and water conservancy in summer and autumn every year.

In addition, more than 90 percent of the city's residents receive regular check-ups every year, the official said.

UNICEF Official Commends Child Development Efforts

*OW2910123493 Beijing XINHUA in English
1142 GMT 29 Oct 93*

[by Li Wei]

[Excerpts] Beijing, October 29 (XINHUA)—China is taking important steps to keep its promise to its children, said Farid Rahman, representative of the United Nations Children's Fund (UNICEF) to China, in Beijing recently. [passage omitted]

During the past four decades, China's infant mortality rate has declined from 200 to about 45 per 1000 live births. Severe malnutrition among children under five years old has been virtually eliminated. Child vaccination coverage is 95 percent and primary school enrollment is 97 percent nationwide.

"These are unprecedented achievements for a country with 1.1 billion people, about half of whom are children," Rahman said.

However, according to Rahman, for China as for other countries there is much more to be done to establish a system monitoring children's situations and reaching those children in need who for various practical difficulties are presently hard to reach. [passage omitted]

According to Rahman, China must strengthen the elimination of iodine deficiency disorders (IDD), which especially endanger the health of women and children.

Statistics show that over one billion people live in iodine deficient regions worldwide. Among them are 400 million living in China.

JAPAN**First Japanese Infected With HIV-II Virus Reported**

OW1911054693 Tokyo KYODO in English 0407 GMT 19 Nov 93

[Text] Tokyo, Nov. 19 KYODO—A rare form of HIV, the virus that causes AIDS, has been found in a Japanese for the first time, a research team of the National Institute of Health said Friday.

The research team said it discovered that the man, one of a number of hemophiliacs infected with HIV by tainted blood products that had been imported, has HIV-II.

The team will present the findings of its research at a symposium on AIDS scheduled to open in Tokyo on Friday.

Carriers of HIV-II are largely found in West Africa, but Japan reported its first case last December at a Tokyo hospital where a South Korean man was found to have been infected with the virus.

The researchers believe the man may have been infected by the same blood products.

Japan has been using since 1985 a heating process to treat the blood products, but researchers said they cannot rule out the possibility that the man had been infected by some blood product after the treatment process had been completed.

They are urging a reexamination of the treatment process.

The institute's AIDS research center said it now fears that some 300 Japanese male hemophiliacs infected with the HIV virus may now be carrying the HIV-II virus as well.

The researchers said the confirmed carrier had received transfusions of blood products for more than 10 years, but currently appears to be healthy. He has never traveled overseas, they said.

About 2,000 of Japan's estimated 5,000 hemophiliacs have been infected with the HIV virus from contaminated blood products.

The HIV-II virus is believed to be less contagious than the HIV virus and needs a longer incubation period until symptoms of AIDS appear.

Tokyo, Washington Discuss AIDS, Population Growth Problems

OW1611113993 Tokyo KYODO in English 1011 GMT 16 Nov 93

[Text] Tokyo, Nov. 16 KYODO—Japan and the United States held talks Monday and Tuesday [15 and 16

November] to discuss possible joint initiatives in tackling problems such as AIDS and rapid population growth in developing countries, Foreign Ministry officials said.

The bilateral meetings, part of the Japan-U.S. common agenda for cooperation in global perspectives agreed on by the two nations in July, were designed to exchange views on the issues and no agreement was reached, the officials said.

Representatives of the two countries discussed funding for multilateral organizations involved in population growth control and AIDS, promotion of joint activities in developing nations and ways to support one another's existing programs in those areas, the officials said.

They also discussed bilateral exchanges of personnel and expertise and collaborative research, they said.

The representatives will meet again December 8 in Tokyo for further discussion on the issues, the officials said.

TAIWAN**12 Test Positive for HIV**

OW1111104393 Taipei CNA in English 0820 GMT 11 Nov 93

[By Lilian Wu]

[Text] Taipei, Nov. 11 (CNA)—The Department of Health (DOH) Thursday [11 November] reported another 12 cases of human immuno-deficiency (HIV) virus carriers, bringing the number of HIV carriers in Taiwan to 524.

The department said 11 of the carriers were male. Six of the carriers contracted the virus as a result of sexual contact with prostitutes, and one is a Thai laborer who admitted to visiting a brothel in Taipei.

One of the carriers apparently contracted the virus after visiting prostitutes overseas, while another is an Overseas Chinese who has left Taiwan.

The department urged the public to practice safe sex, use condoms, and avoid sex with multiple partners to avoid the deadly disease.

THAILAND**Pact Signed With Australia To Combat AIDS**

BK0411020993 Bangkok THE NATION in English 4 Nov 93 p A7

[Text] Thailand and Australia agreed yesterday to join forces to combat the killer disease AIDS.

The two countries signed a memorandum of understanding for cooperation in public health. Public Health Minister Athit Urairat said.

The agreement, signed by Athit and Australian Deputy Prime Minister Brian Howe, will also enable Thailand to help its poorer neighbours including Burma, Cambodia and Laos in the field of public health, Athit said.

"Public health cooperation in the form of prevention is very important," Athit said.

"Though Thailand still lacks both finance and human resources, we have the potential to provide help to neighbouring countries."

The memorandum covers the battle against the spread of Aids, narcotics control, health education, health care and services in rural areas and medical technology.

The cooperation agreement also includes the exchange of health experts, information and data as well as joint research, Thai officials said.

Howe told reporters after the signing ceremony that Thailand stood to gain from Australia's "quite successful" public health programme.

"We've now got a very effective programme in terms of stopping the spread of Aids and that is largely educational," he said.

"It's a matter of educating the community to be aware of the dangers associated with unprotected sex." While the bulk of funds from Australia's US\$67 million annual anti-Aids budget went into education, some of the money was channelled into scientific research, Howe said.

He cautioned, however, against overoptimism about a cure for Aids.

He said exhaustive testing, and much more time, were necessary before a successful treatment could be developed.

Thailand and Australia yesterday also signed a memorandum of understanding on logistics cooperation, Defence Minister Wichit Sukmak said.

That would enable arms production joint venture between the two countries, he added.

Public Health Minister Athit Urairat has expressed hope for more government budgets for his ministry's efforts to help produce doctors.

He said his ministry could indirectly help train more doctors.

There are several hospitals under the Public Health ministry such as Pok-kloa Hospital in Chanthaburi and Chon Buri Hospital where interns from Chulalongkorn University usually work.

He added that the ministry always played a prominent role in helping training of doctors by allowing them to use the facilities and medical instruments.

However, Athit said even if the ministry did not receive any increased budget, it would still be willing to cooperate with the University Affairs ministry which was in charge directly of producing medical personnel.

According to Athit, there are 89 hospitals under the Public Health Ministry's control.

VIETNAM

Second International Symposium Held on Effects of Vietnam War Defoliants

Over 200 Participants

BK2011150993 Hanoi VNA in English 1501 GMT
20 Nov 93

[Text] Hanoi VNA Nov. 20—The Vietnamese president has conferred 'friendship' medals on American Prof. Arnold Schechter of Syracuse University in New York, the United States, and Doctor Miura Hiroshi, vice president of the Vietnam-Japan Medical Exchange Centre, for their studies of the consequences of the toxic chemicals used by the US Armed Forces in the Vietnam war and their humanitarian aid to the Vietnamese people to overcome the war aftermaths. Occasion was the 2nd International Symposium on 'Herbisides in War, the Long-Term Effects on Man and Nature' held here from Nov. 15-19 by the National Committee on the Consequences of Chemical Warfare in Vietnam, the Ministry of Public Health and the Ministry of Science Technology and Environment.

During the symposium, more than 200 Vietnamese and foreign participants discussed problems such as dioxin in human organism, soil composition, vegetal organism and its long-term effects on the environment. It was reported that US defoliants known as Agent Orange had caused long term, dangerous effects on the environment and millions of people in Vietnam. Over the past years, the country has done much to solve problems caused by the US toxic chemicals, providing initial medical care to the victims. Reforestation has been promoted nationwide particularly in areas destroyed by the US defoliants to restore the environment to normal conditions.

50 Scientific Reports, 20 Investigation Papers

BK1611105293 Hanoi Voice of Vietnam Network
in Vietnamese 2300 GMT 15 Nov 93

[Text] The National Committee for Investigation Into Consequences of Defoliant Effect in Vietnam; the Ministry of Public Health; and the Ministry of Science, Technology and Environment jointly organized the second international seminar on the effect of defoliant on men and nature on a long-term basis. The seminar was held in Hanoi on 15 November.

Attending the seminar were almost 200 Vietnamese and foreign scientists. 50 of them came from the United States, Russia, Japan, France, the Republic of Korea, Australia, Germany, the U.S. war veteran association, foreign embassies, and international organizations based in Vietnam.

The seminar, which will end on 18 November, will hear and discuss 50 scientific reports and 20 investigation pieces presented by scientists at home and abroad on issues related to the effect of defoliant on men, land, and vegetation; its long-term effect on the environment; and measures to minimize its effect and enhance human's physical fitness and so forth.

BOSNIA-HERCEGOVINA

Health Official States Number of Viral Hepatitis Patients

AU0410214093 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1800 GMT 4 Oct 93

[Text] The hygienic and epidemiologic situation continues to deteriorate. Four hundred and seventy cases of viral hepatitis have been registered in the city, 350 of them in the area of Sog Bunar, 115 in the Brijesca local community, and another 50 sporadic cases, said Dr. Arif Arnautic from the Regional Healthcare Institute at today's meeting of the Sarajevo City Executive Committee. According to him, the enterocolitis epidemic is declining, but until the situation with electricity, gas, and water supply of Sarajevo citizens is not improved, a decrease in the number of sufferers from these diseases cannot be expected.

Starving Maglaj Residents Die From Poison Mushrooms

AU2110175293 Paris AFP in English 1731 GMT 21 Oct 93

[Text] Zagreb, Oct 21 (AFP)—A 10-truck convoy carrying 75 tonnes of food and medicine for the besieged Moslem enclave of Maglaj managed to enter Thursday (21 October) the Serb-held zone of northwest Bosnia-Herzegovina, a UN spokesman said.

The convoy left Zagreb Thursday morning and was scheduled to arrive in the evening in Maglaj, where starving people have been eating poisonous mushrooms. Peter Kesseler of the UN High Commissioner for Refugees (UNHCR) said.

About 103,000 people have been under Serbian siege in Maglaj and the neighbouring enclave of Tesanj, 10 kilometres (6 miles) to the north, since May.

Western military planes have been dropping parachute-loads of supplies to the twin enclaves, but these have not been sufficient.

The UNHCR reported that hundreds of residents have contracted food poisoning from eating mushrooms. Kesseler said eight victims of poisoning died Thursday morning, including a 7-year-old girl.

10,000 Croat Refugees in Kiseljak; Disease Outbreaks

LD0711223493 Zagreb Radio Croatia Network in English 2203 GMT 7 Nov 93

[Text] The news agency of Herceg-Bosna reports that so far 10,000 expelled Croats from Vares have arrived in Kiseljak, but 12,000 Croats in the surrounding villages have not been able to pass through the encirclement, and that some of the refugees are still situated in (Brgole) in the Vares municipality. In Kiseljak there are now three

times as many refugees as residents, but there are no electricity, water or food supplies. Outbreaks of cholera, hepatitis, and other infectious diseases have been reported and several children have died already. The authorities in Kiseljak have issued an appeal to all the humanitarian organizations for urgent supplies of food, medicines, blankets, clothing, and footwear.

Surgeons Abandon Program in 'Appalling' Sarajevo Conditions

AU1811103093 Paris AFP in English 1019 GMT 18 Nov 93

[Text] Sarajevo, Nov 18 (AFP)—A team of British surgeons has pulled out of Sarajevo because it feared its operations could put their patients' lives at risk, a senior aid official said Thursday [18 November].

The surgeons said lack of heat at Sarajevo's State Hospital meant malnourished patients who would otherwise live might not survive surgery, said Philip Garvin, Sarajevo director of Humanitarian Aid, Medical and Development (HAMD).

"We regret to announce that we have suspended the surgical programme and ask our reserve surgeons to stand down.

"It is no longer safe for patients to undergo non life-saving surgery," he said.

"Certain patients have died, or not recovered completely or as expected or as they could have done because of the situation," said Garvin.

The crisis highlighted the dramatic aid situation in Bosnia-Herzegovina as senior political and military figures from the three warring parties gathered in Geneva to discuss relief supplies to Bosnia under the auspices of the UN High Commissioner for Refugees, Sadako Ogata.

The British-based organisation had been planning to bring in a consultant paediatrician to operate on 10 Sarajevo youngsters early next month, he said.

But the visit had been cancelled because of the appalling conditions at the State Hospital, known locally as the French Hospital.

Operating theatres, recovery rooms and wards are without heat at the massive modern-design hospital, built in the pre-war days of abundant energy supplies.

And patients, weakened by 19 months of war, are now so badly undernourished that they are increasingly prone to post-operative infections and complications, said Garvin.

The hospital desperately needed fuel and a supplementary feeding programme for patients undergoing surgery.

UNPROFOR Says HVO Continuing To Block Humanitarian Route

AU1811134793 Paris AFP in English 1319 GMT
18 Nov 93

[Excerpts] Sarajevo, Nov 18 (AFP)—A major relief route through central Bosnia remained blocked Thursday [18 November] as top political and military leaders met in Geneva to discuss Bosnia's looming aid disaster graphically illustrated by a string of incidents.

The Geneva meeting was given added urgency as UN aid officials said five patients had died in an isolated mental hospital in government hands near Sarajevo. [passage omitted]

Meanwhile, the Bosnian Croat HVO was maintaining its blockade of a key aid route linking southern and central Bosnia.

"Route Diamond remained closed with the HVO checkpoint near Gornji Vakuf having indicated that it was under orders to fire on any vehicle attempting to pass," said Major Idesbald Van Biesebroeck, spokesman for the UN Protection Force here. [passage omitted]

Red Cross Warns of 'Catastrophe' After Serbs Halt Convoy

AU1911115593 Sarajevo Radio Bosnia-Herzegovina Network in Serbo-Croatian 1100 GMT 19 Nov 93

[Text] Yesterday Chetniks stopped the humanitarian convoy for Gorazde in Podromania, as they have done so many times before.

The Red Cross and the Center for Social Services told us this morning that the situation regarding the welfare of the population and the refugees was extremely critical, owing to the lack of food, and if the humanitarian aid convoy did not arrive within a couple of days there would be the danger of a humanitarian catastrophe.

The new group of UN military observers has not arrived in Gorazde, as they were also stopped by the Chetniks on the road to Gorazde.

During the night, the aggressor continued to fire provocatively along all the front lines on the Gorazde territory using antiaircraft machine guns and small arms. They occasionally fired 82-mm mortars, while from Karacici they fired antiaircraft guns.

WHO Official Predicts Winter's 'Devastating Impact'

AU1911130793 Paris AFP in English 1237 GMT
19 Nov 93

[Text] Geneva, Nov 19 (AFP)—Relief organisations prepared Friday [19 November] for a race against time to bring aid to three million Bosnians amid fresh warnings many of them could die of cold and hunger now winter has arrived in the Balkans.

Despite an agreement Thursday among Bosnia-Herzegovina's three warring communities to stop blocking humanitarian aid convoys, predictions were rife that it was already too late for many in the warring ex-Yugoslav republic.

World Health Organisation [WHO] representative in former Yugoslavia Hannu Vuori warned Friday of "a real danger that large numbers of people will die of hypothermia not only in their homes but also in hospitals."

Vuori said far more people would freeze to death than last year, when predictions of mass starvation and deaths from cold proved wide of the mark in an unusually mild winter.

"As things now stand one can predict that the winter will have a devastating impact on the health of people affected by (Bosnia's) unceasing war and crippled economy," he said.

"Only the unhindered movement of humanitarian aid and personnel can ensure adequate distributions of food fuel and other essential supplies to those most in need," he added.

The WHO appealed for greater emergency supplies of material against the cold.

Meanwhile the UN negotiator for former Yugoslavia, Thorvald Stoltenberg, was due to announce later in New York that relief convoys would resume.

On Thursday Bosnian Prime Minister Haris Silajdzic along with Serb and Croat leaders Radovan Karadzic and Mate Boban pledged that their forces would hold fire while convoys passed through and allow "free and unconditional access by the most effective land routes."

As a result, UN High Commissioner for Refugees Sadaka Ogata said she would recommend to Stoltenberg that humanitarian convoys, suspended since October 25 after the killing of a Danish truck driver, should be resumed.

Diplomatic sources here noted however that previous agreements have rarely been honoured on the ground.

WHO officials believe that the lack of water, food and heating fuel, along with the risk of epidemics of typhoid, pneumonia, measles and hepatitis, is likely to take a heavy toll among elderly people and children, the war-injured, those ill in hospital, and people convalescing at home.

They are calling for large quantities of vitamin and iron tablets, hundreds of thousands of blankets, sleeping bags, gloves, socks and other items of warm clothing.

In Ankara, the Turkish authorities called on Croatian President Franjo Tudjman to assist in ensuring that relief convoys got through in Bosnia-Herzegovina.

stressing the importance of "Croatia's effective cooperation in obtaining a ceasefire among the warring communities there."

And in Athens Archbishop Seraphim, primate of the Greek Orthodox church, called on world leaders to end the conflict in the Balkans "because it is unacceptable to see children murdered and not to react, while in the civilised world people get worked up over a dog run down in a traffic accident."

Patients in Unheated Sarajevo Hospital Endangered

AU1811181593 Paris AFP in English 1756 GMT
18 Nov 93

[By Jon Boyle]

[Text] Sarajevo, Nov 18 (AFP)—A team of British surgeons has pulled out of Sarajevo because it feared the malnourished patients it operated on would be killed by the bitter winter cold, a senior aid official said Thursday.

The lack of heat at Sarajevo's State Hospital meant non-emergency surgery was too dangerous, said Philip Garvin, Sarajevo director of Humanitarian Aid, Medical and Development (HAMD).

Its team of surgeons had flown out and a consultant paediatrician who had been due to operate on 10 Sarajevo youngsters early next month, had also cancelled appointments, said Garvin.

"From this time we are not able to carry out elective or reconstructive surgery due to the cold and the malnourished condition of the patients," he said.

"It is no longer safe for patients to undergo non life-saving surgery. Certain patients have died, or not recovered completely or as expected or as they could have done because of the situation."

Winter had made an already difficult situation untenable, he said: "To perform secondary surgery in these conditions is life-threatening to the injured."

There was no heat in operating theatres, nor in pre- and post-op wards, and patients lacked the necessary physical reserves to pull round after major surgery, he said.

In the last 4 weeks, which coincided with the onset of winter, surgeons had noticed a marked increase in post-operative complications and infections, said Garvin.

The suspension of elective surgery meant some patients were forced to have amputations, he said, citing the case of one mother who had lost a leg because no other treatment had been available.

The situation had deteriorated in the last month, with patients so weakened by 19 months of war that they were increasingly prone to infections and complications, said Garvin.

Dr Bakir Nakas, the hospital's general manager, said he understood the HAMD decision, adding: "Without electricity and gas in December and January, a lot of people are going to die, not just in the hospital, but outside, but especially in the hospital."

Winter had started early this year, said Nakas—12 months ago the hospital had only started the heating system on December 15.

He feared a repeat of scenes from last winter, when surgeons were operating in temperatures of minus seven degrees Celsius (19 degrees Fahrenheit). "It was so cold both the patients and the doctors were freezing," said Nakas.

From Friday the hospital could slash its beds from 250 to 130, and transfer surgical patients to underground corridors to be heated by stoves burning wood scavenged by staff, he said.

Garvin said it was warmer outside the hospital than inside.

A military facility in pre-war times, the hospital depends for heat, steam and power on the Marshal Tito barracks in central Sarajevo, occupied by the Bosnian Army and Ukrainian U.N. troops.

Because of the army link the U.N. Protection Force [United Nations Protection Force] had refused to supply fuel to the barracks, said Nakas, showing AFP a letter from UNPROFOR as proof.

The hospital's 500-kilowatt diesel generators could provide heat and light for some rooms, but they would burn the 320 litres it was allocated in October in just over 2 hours.

Twelve months ago the hospital had a 10-tonne fuel reserve, now the hospital has 15 litres of diesel, enough to provide light and power surgical equipment for 10 hours.

Emergency Relief Trucks Reach Isolated Mental Hospital

AU1911183693 Paris AFP in English 1802 GMT
19 Nov 93

[Text] Sarajevo, Nov 19 (AFP)—Two trucks packed with emergency relief supplies reached an isolated Bosnian mental hospital Friday, where the cold has killed five patients in the past week, a UN official said.

Two aid trucks brought food rations, warm winter blankets and sleeping bags to Pazaric, some 30 kilometres (20 miles) south of Sarajevo, said Ray Wilkinson, spokesman for the UN High Commissioner for Refugees. Two more trucks reached nearby Taricin hospital, he said.

They arrived after UN military observers alerted aid agencies to the desperate plight of the hospital, supplies

to which have been regularly blocked by Serb women calling for the release of prisoners of war.

Danilo Sladoje, the hospital's director, said his most urgent need was fuel to heat the sprawling hospital, particularly for its coal-fired generators.

"The situation is terribly bad... We are waiting for some help from humanitarian organisations but if they don't come we will have nothing to eat."

Although heated by some wood stoves and enjoying Friday the first electricity supplies since April, the intermittent nature of supplies meant a reliable source of heating was vital. Sladoje said.

The situation at the hospital was worse than last year and had been deteriorating since April, said the director, when fighting between Bosnian Croats and the Moslem-dominated Bosnian army began in earnest.

"Now it's a total blockade between this town and Sarajevo... everything we need has to come from outside."

Although by day patients huddle into living quarters heated by wood burning stoves, Sladoje said he only had enough wood for one more day. By night, the patients must return to their unheated dormitories where temperatures plunge below zero.

"These people are without any heat at all in the evening (which) I think will be a killer," said one aid official who had visited the hospital Friday. "Quite honestly I couldn't stand it. They have had five deaths through the cold and exhaustion and I'm sure there will be more unless they get fuel there." Until more emergency supplies reach the hospital, patients have only a sheet and a thin blanket to protect them from the cold.

The electricity which returned Friday came too late to save those who had already succumbed to a combination of cold and exhaustion. Only two of the dead were buried Thursday because gravediggers were unable to carve out more than two graves from the frozen earth, said Sladoje. A third person was due to be laid to rest Friday.

The 67 staff at the hospital—who include some of the less badly disturbed patients—are battling to contain an outbreak of tuberculosis, said Sladoje, adding that 11 cases had been confirmed but he feared his workers and the 389 remaining patients were at risk.

The patients, most of whom are severely mentally handicapped with 86 totally immobile, have not been bathed for 2 months, said Sladoje, because it was impossible to wash them in cold water and send them back into chilly rooms.

A visit to one of the remarkably clean barracks-style wards revealed around 100 patients crowded into one room, heated by a wood-burning stove on which water was being boiled, their only entertainment a television which for once was working.

In another ward around 20 severely mentally handicapped people lay in metal cots, some with their hands bound to prevent them from biting themselves, explained a nurse.

Dressed for the most part in easy-to-wash tracksuit-style clothes, the patients are from all ethnic backgrounds.

"We have people here from all the former republics of Yugoslavia except Macedonia," said one nurse. Among them were Croatians from Dubrovnik and Karlovac: "They were totally abandoned by their families," she added.

Aid Workers Try to Deliver Hospital Generator

*AU1811102393 Paris AFP in English 0942 GMT
18 Nov 93*

[Excerpt] Sarajevo, Nov 18 (AFP)—Aid workers were to make a fresh attempt Thursday [18 November] to get a desperately needed generator to a hospital cut off by fighting, after a UN official said several patients had died from the cold.

The generator, which would provide vital heat and light to Bakovici Hospital in central Bosnia, was turned back Tuesday by Bosnian Croat forces along with a convoy of food and other aid. [passage omitted]

BULGARIA

Bulgarian, EC Experts Discuss Foot-and-Mouth Disease Buffer Zone

*AU2309063193 Sofia BTA in English 1919 GMT
22 Sep 93*

[Text] Burgas, September 22 (BTA)—Representatives of the Commission of the European Community and their Bulgarian colleagues of the National Veterinary Service discussed in Burgas today a concept for establishing an anti-foot-and-mouth [anti-FMD] disease zone. Bulgaria presented a report in Brussels asking the EC for help in the building of an anti-FMD buffer zone along the Bulgarian-Turkish border. The Bulgarian representatives at today's session stressed that Bulgaria will protect entire Western Europe from the spread of epidemics and therefore the expenditures on building the zone should be shouldered by the EC.

The EC commission has proposed two strategies for an anti-FMD belt. The first envisages constant immunological control without using vaccines. The introduction of mandatory anti-FMD vaccination in all EC-member states would cost the EC about 100 million British pounds a year.

Next week representatives of the commission will visit Turkey to acquaint themselves with the actual chances of an outbreak of foot-and-mouth disease. In late November at its session in Brussels the commission

would announce what strategy it will adopt for establishing a buffer zone in Bulgaria.

EC Experts Find No Signs of FMD

AU2509200393 Sofia BTA in English 1800 GMT
25 Sep 93

[Text] Sofia, September 25 (BTA)—There is no foot-and-mouth disease [FMD] in Bulgaria, an EC commission found after visiting the areas affected by the FMD epidemic last spring.

The EC experts came to check whether the infection risk had been fully eliminated. The experts visited Burgas, Elkhovo, Gulubovo, Simeonovgrad and Kapitan Andreevo, places where foot-and-mouth disease was diagnosed in the spring, and found that the infection no longer exists in Bulgaria. Bulgaria has a stable veterinary service which is a reliable barrier to any epidemics, Mr. Garret Davis of the EC believes.

CZECH REPUBLIC

Chemists Claim U.S. Forces Had Chemical Weapons in Gulf

AU1011210693 Prague MLADA FRONTA DNES
in Czech 9 Nov 93 pp 1,2

[Jaroslav Kmenta report: "The United States Could Have Had Chemical Weapons in the Gulf"]

[Text] Prague—The gases said to have caused the health problems of veterans involved in Operation Desert Storm could have escaped from the chemical munitions dump in Mutvan in Iraq following its bombing or they could have come from tests conducted by Saudi Arabian troops. An Iraqi chemical attack—which the allies have covered up—cannot even be ruled out.

Czech veterans from the Persian Gulf have come up with a fourth possibility—that the U.S. units could have used chemical weapons in the war against Iraq two years ago. A former officer in the Czech military secret service has told us that combat poisonous substances, which the Czechoslovak antichemical unit eventually detected, could have been released by them into the atmosphere.

Of course, our source has emphasized that he cannot provide concrete evidence of this. However, some Czech chemists who were in the Gulf also subscribe to this view.

A Pentagon open intelligence source, who operates at the U.S. Embassy in Prague, refused to answer our question on whether the United States had chemical weapons in the Gulf. He referred us to the Department of Defense in Washington, which, according to him, is better informed and more qualified to answer such a question.

In the opinion of the Czech war veterans, the chemical weapons were not—in all probability—used in combat.

Under what circumstances, then, traces of combat gases could have escaped into the atmosphere is not clear.

The use of chemical weapons is banned in accordance with international conventions. If the United States had chemical weapons in the Gulf, its prestige would be tarnished. The Czech chemists think this is why the Pentagon has not yet made public everything it knows about the possible effect of chemical substances on soldiers during the conflict.

The Pentagon postponed a news conference last Friday [5 November] that should have dealt with the amount of chemical substances detected in the Gulf. Senator Richard Shelby has said that this provokes speculation about whether there is something the Pentagon does not want to divulge in connection with the detection of chemical substances.

Several dozen U.S. war veterans are now suffering from serious illnesses. It has been confirmed that the problems afflicting some of them are a consequence of their being exposed to the effects of chemical substances.

The British Ministry of Defence yesterday announced that it has no record of any soldier from the Persian Gulf suffering from the so-called desert fever syndrome, the symptoms of which are supposed to be a loss of weight, a loss of hair, and bleeding gums. The ministry's spokesman described the reports about health problems among British soldiers as speculation.

ROMANIA

Statements on Blood Exports to Germany

Health Minister Denies Blood Exports

AU0811184093 Bucharest ROMPRES in English
1751 GMT 8 Nov 93

[Text] Bucharest ROMPRES, 8/11/1993—"Romania has not exported blood and it will not do that in the future," said Romanian Health Minister Julian Mincu in a speech in the Senate on Monday. The minister said that such a fact would have been impossible because severe lack of blood, causing high mortality, had been one of the serious problems of the health system at the time when he had been appointed. The German-Romanian joint company "Plasmarom" involved in the infested blood scandal in Germany is not under the rule of the Health Ministry, specified he.

Health Ministry Admits Hepatitis Contaminated Blood Went to Germany

AU1111164893 Bucharest ROMPRES in English
1211 GMT 11 Nov 93

[Text] Bucharest ROMPRES, 11/11/1993—Blood contaminated with hepatitis virus was exported from Romania to Germany, shows a ministry of health release on November 10.

The Ministry of Health gave approval for hepatitis-contaminated [blood] plasma to be sent to Germany for industrial processing, the release reads. "In May 1993, the UB Plasma-Rom German-Romanian company asked permission for the plasma collected in 1992 which was contaminated with B and C hepatitis virus and also almost outdated to be transferred to the blood center in Koblenz, Germany, for medicine preparation, as the center there has technical facilities to destroy the virus. The Ministry of Health approved the sending of plasma without commercial purposes. According to the UB Plasma-Rom's statute, the antigen control of the collected plasma was the exclusive duty of the German party, which therefore bears full responsibility for the seriousness and probity of its activity", the release further reads.

Romanian Health Minister Julian Mincu had told the Senate on November 8 that "Romania has not exported and will not export blood" and that Romanian legislation forbade blood selling.

Silvan Daschievici, director of UB Plasma-Rom, told daily LIBERTATEA that the contaminated plasma was dispatched upon the "insistence" of the German party that explained it would use it to produce serums. The blood was dispatched "under a compensation export license issued by the Ministry of Commerce that had previously asked the approval of the Ministry of Health through which we had been authorized to make the exchange (plasma for consumables and disinfectants), which was declared not to have a commercial purpose," the company director said.

Health Official Says No More Danger of Cholera in Tulcea

AU2111185193 Bucharest CURIERUL NATIONAL in Romanian 2 Nov 93 p 1

[Unattributed article: "The Cholera Center of Contagion in Tulcea Has Been Declared Closed"]

[Text] Twenty cholera cases have been discovered up to now in Tulcea County, out of which 14 persons were also found to be disseminators of the cholera virus. The first case was discovered on 7 October, and the last one on 21 October. "According to WHO norms, if no further case of disease is discovered within 10 days after the last case, the center of contagion is to be declared closed. The Ministry of Health considers that there is no danger of contagion in that area any more. Today we will probably send a note to the WHO regional office officially informing them that we have declared the center of contagion closed." Dr. Poll, general director of the Medical Prevention Directorate of the Ministry of Health, told a reporter of the MEDIAFAX news agency.

SLOVAKIA

Parliament Rejects Report Linking Health/Environment

AU191110393 Prague CTK in English 2128 GMT 18 Nov 93

[Text] Bratislava, Nov 18 (CTK)—Fifty-five percent of Slovakia's population live in a polluted environment and 41 percent even in a heavily polluted environment, a report on principles of the Slovak Government environmental policy says.

The report, which was presented by Environment Minister Jozef Zlocha to parliament today, states that living in polluted areas brings about a high incidence of diseases and high rate of mortality and has an adverse effect on life expectancy which is 5 to 7 years shorter than in advanced European countries.

The report defines five priorities of the environmental policy and sets short-term, medium-term and long-term objectives.

The parliament, however, returned the report to government to complete it. The deputies noted that the document did not specify the responsibilities of ministries for the specific moves and did not define financial resources for their realization.

Tuberculosis, Respiratory Diseases Increasing

LD2110213993 Bratislava Rozhlasova Stanica Slovensko Network in Slovak 1730 GMT 21 Oct 93

[Summary] According to official data, the number of tuberculosis patients in Slovakia is increasing. In 1991 there was an increase of 12 percent and in 1992 11 percent. Eastern Slovakia has the highest occurrence of the illness, brought on by poor living standards and social conditions, particularly among older people and Romanies.

There has been also an alarming increase in allergy-related diseases of the respiratory system—one-third of all Slovak children suffer from such complaints.

YUGOSLAVIA

Medical Official Presents Data on Reported AIDS, HIV Cases

AU211101393 Belgrade BORBA in Serbo-Croatian 26 Oct 93 p 8

[Article by Dragana Minic: "AIDS—Tribute on the Asphalt"]

[Text] It seems that AIDS [acquired immunodeficiency syndrome], an ailment that causes horror all over the world, was pushed into the background in Yugoslavia because of the other serious problems that confront us. Unfortunately, this does not mean that AIDS ceased to

be a problem. It is still less prevalent in Yugoslavia than in most Western countries, but certainly more prevalent than in Eastern European countries.

From 1985, when the collection of data on AIDS began, until the end of June 1993 (the third quarter is being processed right now), 292 persons contracted AIDS in the Federal Republic of Yugoslavia. In 1993, 24 new cases were discovered, of which 10 have already died. Out of the total number of AIDS patients, 169 (58 percent) have already died.

Drugs as Consolation

Four fifths of AIDS patients are men, one fifth are women. Viewed according to groups, drug addicts prevail (56 percent). They are followed by homosexuals and bisexuals (10 percent), and the growing group of heterosexuals, as proof that not only "the cursed" are possible AIDS victims.

"Out of 292 cases, 286 were reported in Serbia, three in Montenegro and three patients were foreigners," Dobriza Vukovic, the chairman of the Federal AIDS Board said. "If we know that, out of all patients in Serbia, Belgrade accounts for 204 (70 percent) and the greater area of Belgrade for 219 (75 percent) patients, predominantly drug addicts, the conclusion is clear: In Yugoslavia, AIDS is a problem of drug addicts, entangling Belgrade, first of all." Vukovic added.

There have been rumors lately that the number of drug addicts has been growing. The expert gave us the following answer: "I have neither official data nor proof of it, but I think that this could be true, because in a desperate situation young people look for any kind of consolation, which is, in some cases, the use of drugs."

In answering to the question of how it is possible that young people buy narcotics if their families have less and less money, the expert told us that this fact could be explained by the growing crime and not by the situation in families.

Recently, the Students' Health Care Institute published the worrying information that 30 HIV [human immunodeficiency virus] positive persons were discovered among the population with an academic education, and that some of them had already died. Speaking globally, the population between 30 and 34 years of age is exposed to the greatest danger. In this group, 27.05 percent have contracted AIDS so far. They are followed by the group between 25 and 29 years of age (20.54 percent), between 35 and 39 years of age (19.86 percent), between 40 and 49 years of age (15.06 percent)....

How To Postpone the Disease

The problem of AIDS does not lie in the number of persons who already have it, but in the number of infected who are possible carriers of an epidemic.

"Our earlier research work showed that there were approximately, between 2,000 and 3,000 HIV positive

persons. Since all of these persons took the test voluntarily, we think that the real number of the infected is at least two or three times greater," Professor Vukovic said.

Last year, 88 persons died of AIDS; 24 since the beginning of this year until the end of June. Can we speak about an ebbing of the epidemic, since we could have a total of only 48 new patients in 1993 if this tendency continues?

"Owing to a long incubation time, nothing is that exact or mathematically precise. Variations are possible. The smaller number this year is certainly not caused by mistakes in diagnoses. I have to admit that there are shortages of materials, but when a disease breaks out, the money is always found, and the diagnoses are always good. The problem lies in the fact that there are no real possibilities for the control of the infected. Apart from that, there is no medicine for the already diseased and especially for the infected, which postpone the outbreak of the disease by T lymphocytes.

"In Western Europe, there are between 100 and 400 diseased in 1 million inhabitants. Their number in Eastern Europe is almost insignificant. In Yugoslavia there are 25 to 26 diseased in 1 million inhabitants.

"Seen from the point of view of epidemiology, the spreading of the disease in Yugoslavia is favored by the increase in drug addiction and the lack of medicines. There is also a "positive" factor: we travel very little, nobody visits us, so that the infection is transmitted only among the existing population," Dr. Vukovic concluded.

[box, p 8]

Tuberculosis

As one of the manifestations of AIDS, the incidence of tuberculosis is also growing in Yugoslavia. According to Dr. Vukovic, however, the high incidence of tuberculosis can also be explained by the general deterioration of living conditions.

[box, p 8]

Dynamics

By the end of June 1993, 371,081 AIDS cases were reported in the United States and on the American Continent, 247,577 in Africa, 92,482 in Europe, 4,188 in Oceania, and 3,561 in Asia. The total number of the diseased in the world is 718,894.

The dynamics of the disease in Yugoslavia was as follows: Two cases in 1985, three in 1986, 10 in 1987, 26 in 1988, 32 in 1989, 50 in 1990, 57 in 1991, 88 in 1992 and 24 cases in the first half of 1993.

Health Official on AIDS Cases in Macedonia

94WE0027B Skopje PULS in Macedonian
24 Sep 93 pp 19-20

[Unattributed interview with Doctor Sotir Sotirovski, chairman of the State Expert Commission for the Prevention of AIDS of the Ministry of Health of the Republic of Macedonia; place and date not given: "Prevention Is the Only Cure"]

[Text] **PULS:** When were the first cases of AIDS recorded in Macedonia?

Sotirovski: The first cases were recorded in 1989. Those were cases of hemophiliacs who had used drugs manufactured abroad. The blood they used was from what were probably paid donors who had already either been infected with AIDS or were HIV positive without showing the symptoms of the disease. It was precisely then that such blood derivatives were not tested for the virus of the disease. This is unlike the present situation in which the blood derivatives are totally safe, having been treated at the proper temperature and with the necessary chemicals.

PULS: How many AIDS cases are there now in Macedonia

Sotirovski: Including this month, nine, actually eight, for one of the patient is still under observation. It is a small child suspected of carrying the disease. However, we still have no definite proof. Of these eight patients, two are from Skopje, one from Tetovo, three from Prilep, one from Bitola, and one from Kratovo.

PULS: Is the number of people infected with the AIDS virus known?

Sotirovski: So far, we have detected eight carriers of the virus, two from Skopje, one from Tetovo, four from Prilep, and one from Stip. Six of the eight are still alive, two have died, although not from AIDS but of something else. The six are being tested frequently and, for the time being, show no symptoms of the disease.

Although the World Health Organization believes that, on an average, for each case of AIDS, there are between 100 and 150 HIV positives, we believe that in our country the number of people carrying the virus is substantially lower than 1,200. Our estimate is based on the fact that we have fewer indigenous cases. In other words, people who have become infected in the country and, not knowing that they are seropositive, could be spreading the disease. Briefly, we believe that, for the time being, we do not have 1,000 or more seropositive cases. However, they are several hundred of them, of which, as I said, eight have been identified.

Incidentally, no country can identify all seropositive cases. To be more specific, no more than about 10 percent can be identified. This is a figure that cannot be improved even by countries with a huge number of AIDS victims. In our country, the identification of AIDS

patients is achieved by investigating the people surrounding them, partners, acquaintances, and so on. In principle, some seropositive cases or cases already contaminated with AIDS can be detected also by taking blood samples for various reasons or on the basis of the blood picture, persistent fever or diarrhea, clear loss of weight, repeated inflammation of the lungs or, in other words, on the basis of symptoms which are not consistent with the health picture of a patient. It is precisely at that point that immediately a blood sample is taken for an AIDS test. Let me say that no positive cases have been detected so far in blood donors.

PULS: What other pertinent steps are being taken by our health authorities?

Sotirovski: Above all, the health service must block all possible ways for spreading the AIDS virus in health institutions. In some countries, AIDS can spread also through patient treatment, such as the treatment of hemophilia, or shortage and repeated use of syringes, failure to wear gloves, and so on. There have been cases, in Russia and Romania, of mass contamination in the hospitals of children suffering from a variety of other diseases or who were anemic and were administered contaminated blood. Or in Africa, where there still is malaria, tested by taking blood samples from the ear with a disposable tool but without the use of gloves, for which reason the disease spread through the blood stuck on the fingers.

In that area, we are taking steps to use disposable syringes and gloves. Every single blood container is tested for AIDS and for Hepatitis "B." However, disposable gloves are not always used in dental offices, despite the fact that the dental service annually handles 2.5 million procedures, 2 million of which involve some blood letting.

As to other preventive steps, last June, the government formulated an AIDS program according to which hospitalized patients must be tested for epidemiological symptoms. Naturally, this does not apply to every patient but only to cases in which there are doubts or assumptions that an epidemiological test is necessary for a variety of reasons, as in the case of prostitutes or drug addicts, or patients who have spent time abroad. These are steps that our health service can always take, above all because, for the time being, the only successful "vaccine" against AIDS is health education and prevention.

PULS: What is being done on the level of health education in order to prevent the spreading of this disease?

Sotirovski: We pay great attention to health education, particularly among the young. A special program has been formulated for primary schools, related to the governmental AIDS program. It includes information that students, teachers, and parents must know. This program must be consistently and most seriously applied, for the children cannot acquire knowledge from any other source, the television, or the press. What I am trying to say is that in our country, the spreading of

AIDS is only at its start, and that the epidemic will reach its peak by the end of the century, when today's grammar school students will be 18 or 20. In other words, statistically, they will be in their most critical age group from the AIDS point of view.

PULS: Is it only the young who must be subject to health education? Is such education not needed by the rest of the population, in the case of AIDS?

Sotirovski: The education of the population is comprehensive. We, the Republic Health Protection Institute, are the coordinators. The health system in its entirety is the coordinator, as is the Red Cross. However, the health system cannot cover the entire system of health education, for the simple reason of lack of personnel. The program must include the media, the press, television, and radio, particularly the local radio stations, which can discuss this problem more frequently.

PULS: Is there any AIDS consultation facility in Macedonia, similar to those in the bigger centers throughout the world?

Sotirovski: Such a consultation facility should exist in all health establishments in Macedonia, in all Red Cross branches in the townships. However, we cannot advertise them. Do you know why? If we were to make public the fact that the Republic Health Protection Institute has an AIDS consultation center, no one would come near us. Naturally, people who will come will either be HIV positive or suspect that they are, which means that the number of people seeking a consultation will be very modest. What I mean is that, from the viewpoint of AIDS prevention, the most important consultant is the general practitioner, the family doctor. Unfortunately, in Macedonia we have no family practice physicians.

PULS: Will health education change the attitude of the people toward AIDS patients?

Sotirovski: The attitude of the people toward AIDS patients is, unquestionably, not right. Regretfully, despite all the efforts that were made, such is the case in all countries. Even the physicians avoid AIDS victims. In a clinic with an AIDS patient, only one physician will be treating the patient while the others will not even come near him. There is still an aversion, fear, and this will last probably until the cases multiply, so that this will be accepted by the physicians as ordinary.

There is a folk saying among our people: "Better not to meet the devil at all than fight him with the cross." We have taught our people to avoid diseases, and this is good. We taught the people that if it is a question of a contagious disease to avoid being with the patient, for in some cases the moment someone becomes ill everyone goes to visit him and just imagine what if the patient is tubercular. That is how we taught the people and now we

must teach the people that this does not apply to all contagious diseases and that AIDS cannot spread through the air.

Macedonia: Infectious Hepatitis Spreading Due to Shortage of Water

286 Cases in Oct

AU0411140293 Skopje MIC in English 3 Nov 93

[Unattributed report: "Infectious Hepatitis Is Spreading"]

[Text] Approximately 286 cases of people infected with infectious hepatitis were recorded in Macedonia, during October. In the following months, according to the doctors, this number is expected to increase and reach its peak in November and December.

It is believed that the appearance of the infectious hepatitis is a result of the shortage of drinking water and hygiene in the summer months, and as the period of incubation of the virus "A" lasts from 15 to 50 days, the epidemic reached its full shape in September and October.

"During the summer period, due to the droughts, in some regions there isn't enough water even for personal hygiene, nor communal. On the other hand, in situations of a shortage of water from the city water supply, which is regularly controlled, in some regions the people are forced to use wells and local sinks, whose water quality is not tested. Also, during drought periods, the interruption of water in the city water supply creates a vacuum in the pipes which can pull in outside infected particles." Dusko Panev, manager of the institute of epidemics and microbiology told NOVA MAKEDONIJA.

This year, by the end of September, 1,621 cases of infectious hepatitis were registered in Macedonia, while in the same period last year, this number was 804. In 1991, during the entire year, 1,660 cases were recorded, while in 1992, 1,826 people had infectious hepatitis.

Although there is an increase in the number of people suffering from this disease during the last three years, this number is far lower than, for example, in 1984 when there were approximately 4,000 cases, or in 1981 when there were 6,150 people suffering from this disease.

However, this, and last year's figures, according to the experts, are above the figures in the developed countries.

Most cases of infectious hepatitis have been recorded in the villages in the vicinity of Probistip (East Macedonia) - 43 cases in only 10 days in September, due to using wells, in Prilep (Central Macedonia). 94 cases since the beginning of the year, the village Labuniste (West Macedonia) and Tetovo and Gostivar (also West Macedonia) were 200 cases were discovered.

Highest Number of Cases in Probistip

*94WE0027A Skopje VECER in Macedonian
13 Sep 93 p 5*

[Article by J.M.: "Hepatitis Epidemic Declared"]

[Text] Probistip, 13 September—The small amount of water, averaging 20 liters per second, drawn by Probistip Township cannot meet basic quality criteria. This has triggered a drastic outbreak of jaundice, along with about 40 cases of Hepatitis "A," rated as an epidemic. According to the latest information, the jaundice is spreading. The highest number of cases were recorded in the Probistip suburb, where the grammar school was closed. The reason for the outbreak is the water of the untested wells, where a mixing of ground waters used by the population of the settlement for drinking was detected.

The township assembly, the Ilinden JP [Public Enterprise], and the local council have passed several resolutions, including cleaning the internal pipe branching off from the city main, and faster cleaning up of the dried river bed that has been turned into a dump.

Serbia: Sanctions Create Severe Medical Problems

*AU1911065493 Belgrade BORBA in Serbo-Croatian
11 Nov 93 p 11*

[Bojana Popovic report: "Consequences Worse Than Chernobyl"]

[Text] As a rule the sickest patients end up in one of our country's supreme institutions—the University Clinical Center or the Military Medical Academy. Apart from the names and the knowledge of the doctors, many of whom are of a world-class standard, little confirms the status of the supreme health institutions. The most up-to-date equipment has broken down; there are no spare parts; diagnostic methods are returning to a level of several decades ago; medicine is beginning to be imitated and improvised. Despite the principles of medical ethics (that not one patient is turned away from a hospital's door—many are) patients do not find any medicines in these institutions, or they buy them themselves.

"If there is no 'nimotope' [nimotop], which is given to patients with brain hemorrhages in the first 4 days, I am obliged to tell the family that I do not have any medicine, but I am also obliged to tell them that they can get it at a private drugstore," Professor Miroslav Samardzic, deputy director of the Institute for Neurosurgery of the University Clinical Center, says. In some situations the families of patients have bought drainage systems, for example, because the institute did not have them. In truth, not one patient has been turned away, but some less urgent operations have been postponed or are being postponed until a later date.

How To Share the Misery

"If such a situation continues we will probably be forced to ask for medicines to be paid for," Dr. Samardzic says. "In any case, a patient's admission will not depend on payment, as some hospitals are already doing, because this concerns illnesses where a person really can lose their life. Shortages will force us to change some habits. Thus, some doses of medicines are already being reduced because our patients are, unfortunately, serious and they need many medicines—which are constantly in reserve. The situation is the same with hygiene materials, while medical equipment is wearing out, instruments were bought about 15 years ago, and the supreme diagnostic instrument—the scanner—has not been working for quite a while now, and nor has the nuclear magnetic resonator [rezonanca]." Until a year ago, Dr. Samardzic says, we followed the world, while there has now been a clear fall in medical standards.

Professor Sava Subotic, deputy director of the Institute for Cardio-Vascular Diseases at the University Clinical Center, says that there is no minimum standard of treatment and, in this sense, health policy should be reexamined. However, what troubles doctors in everyday practice and what is particularly obvious in "expensive" medicine like heart surgery is the question of ethics. Who to help, who to operate on, or rather, how to share the misery.

"There is no heart operation that costs less than \$2,000. With post-operative care that sum rises to \$4,000," Dr. Subotic says. "The Insurance Office does not have any money, we function on a day-to-day basis—who should be helped then. Even though we behave like an extremely frugal family, the question is how long we can go on like this."

The revered institute for malignant diseases in the FRY—the Institute for Oncology and Radiology—shares the fate of the entire health system. Because of a shortage of diagnostic resources, the rule that is particularly important in this field—the early detection of diseases—has almost ceased to be valid.

"Late detection of malignant diseases means a lethal outcome and because of the impossibility of treatment, because there are no cytotoxic drugs [citostatika], as many as 170,000 patients are in an uncertain situation. The sanctions that have led to a shortage of medicine and the necessary medical material will have consequences that are more serious for the health of our people than the disaster in the Chernobyl nuclear plant," Dr. Miodrag Djordjevic, onco-epidemiologist, warns.

It is a crime to prevent people from being treated in an up-to-date way, Professor Nedeljko Rosic, assistant head of the Military Medical Academy for training, says. This institution has reserves for another month and, as in civilian health institutions, the most up-to-date equipment for diagnosis and therapy is not working. Several days ago, "General Electric," whose equipment we have,

informed us that it cannot violate the sanctions and that it will not send us any spare parts.

"Philips" and "Siemens" Are Waiting

Reserves are coming to an end at this institution where, from the beginning of the year to the end of October, 24,871 patients have been treated; where 355,444 patients have been treated as outpatients; where around 22,000 operations, including 13,000 serious ones, have been performed in 16 operating theaters; and where since the beginning of the war 5,778 wounded have been treated with each patient needing an average of three operations. Even though it is planned to continue working by getting by and coping, the fact is that this will not be possible for so long.

"The application of the United Nations resolutions is aimed against a basic human right—the right to medical treatment. It is being said that the sanctions do not relate to medicines and spare parts for medical apparatus, but we are constantly in a situation of explaining to the world that a scanner is not a weapon. Our work has been reduced to humanitarian aid, which mainly consists of parcels from our people abroad," Dr. Rosic says.

Even though the Military Medical Academy is an institution that, to a large extent, produces its own medicines, Dr. Ilija Macic, head of the Institute for Pharmacology in the Military Medical Academy, says that even this production has been undermined because this institution's foreign currency has been frozen by international banks.

"There is a shortage of medicines against infection, for diseases of the endocrine system, cardio-vascular diseases, for strengthening the immune system, while the situation is critical regarding rubber and plastic dressings, there are no diagnostic resources, no external fixatives [fiksator]. Sometimes the problem is in resources and sometimes it is in materials—but problems are always present," Dr. Macic says.

According to Zoran Babic, chief technician in the Military Medical Academy, the basic problems are in the non-delivery of spare parts. Although the Philips and Siemens firms have said that they are waiting for permission to import spare parts, they do not have any. Such vital equipment does not work at the Military Medical Academy—two scanners, a laser accelerator for breaking up kidney stones, ultrasound equipment, tomography cameras, iodine pumps. Babic says that the Military Medical Academy has agreed and paid several million dollars to General Electric for a nuclear magnetic resonator, scanner, and angiograph [angiograf—which have not been delivered nor will be while the sanctions last.

"All this results in a deterioration of people's health, the return of diseases that had been eradicated, and the destruction of medical principles." Professor Ranislav Lazic, head of the internal clinics of the Military Medical Academy, says. How does a doctor feel when a patient comes with hypertension, burning all over, and there is no "favistan." A person wants to jump out the window. There

is no asparagin acid [asparaginska kiselina] for hemophiliacs. It is cynical to suggest to patients that they take many necessary substances with food instead of medicine.

[Box p. 11]

Scotch Tape Instead of Sticky Plasters

While explaining the consequences of shortages for the 1,300 patients for whom dialysis means life while only 200 of them get it, Dr. Aleksandar Radmilovic, head of the Center for Hemodialysis at the "Zvezdara" Clinical Center, says:

"Machines that work 15,000 hours work three times longer in these conditions and instead of using sticky plasters to secure the machine's tubes, scotch tape is used and frequently builders tape too."

Serbia: Belgrade Authorities Expect More Illness This Winter

AU1711214093 Belgrade BORBA in Serbo-Croatian
17 Nov 93 p 21

[Unattributed report: "A Risky Winter Coming"]

[Text] The city Institute for Health Protection predicts the number of cases of respiratory complaints to increase in the coming winter due to inadequate clothing and reduced heating. This is said in the report that the institute prepared in cooperation with the city Health Secretariat for today's meeting of the Belgrade Assembly Executive Committee.

During the coming winter, due to the appearance of a new type of influenza virus one can expect an increased number of flu cases particularly among school and preschool children, as well as an increased number of cases of pneumonia among the so-called high-risk groups (old people, people suffering from chronic illnesses, etc.).

An increased number of cases of streptococcal infections is expected in Belgrade due to overcrowded schools and hostels, as well as an increased number of cases of food poisoning because systematic control of production, transport, and storage of food has been stopped.

This picture is made more complete by the Institute for Health Protection which provided data about a general decrease of resistance among the population of the capital city due to malnourishment.

One should add here also the reduced use of health protection, lack of diagnostic means, difficulties in importing vaccines, and problems in carrying out disinfection, insect control, and extermination of rats. It is said in the announcement.

The city Institute for Health Protection says that, among other things, there has been an upsurge in the number of cases of mental and contagious diseases, as well as the cases of "insufficiently defined conditions."

Last year, violent deaths (accidents, murders, suicides) have gone up on the list of most frequent causes of death to the fourth place.

Measures to improve the situation proposed to the city authorities include the advice to the Republican Health

Insurance Institute to approve of or increase resources aimed at various forms of health protection, as well as suggestions to various inspectorates (sanitary, ecological, communal) to increase activities in the spheres of their responsibility.

Directors of health institutions and hostels are being obligated to ensure priority in obtaining food and means of hygiene for children and other most threatened categories of population and health institutions are obliged to make the registration and reporting on some diseases much stricter.

Kosovo: 'One in Five' Albanian Babies Dies in Serb-Run Hospitals

AU2510114193 Tirana ATA in English
0909 GMT 25 Oct 93

[Text] Tirana, October 25 (ATA)—792 babies died in the gynaecological clinic in Pristina in 1992, which means that one in five babies has died. During the first

half of this year, 607 out of 2,000 born babies have died. There are no Albanian gynaecologists in this clinic. Due to ethnic cleansing process in clinics, unskilled doctors from Serbia and Greece have been brought to have training with the Albanian women and children, the newspaper RILINDJA writes. The situation is alarming in the children clinic in Pristina, where death rate has increased as a result of the institutional destruction of Kosova health sector and the social questions for the children of Kosova. Children in Pristina suffer from different diseases such as pneumonia and bronchopneumonia which cause 62.61 percent of their deaths, contagious diseases, tuberculosis, etc.

The number of the children who died in the clinic of children in Pristina in 1992 was 434 out of which 77 were one month babies, mostly born in the Clinic of Gynaecology in Pristina and have had various infections. According to reports of the clinic, it comes out that 275 babies treated in this clinic only 198 of them have been cured. It means that one in four children dies.

REGIONAL AFFAIRS

Regional Health Report for 19 Oct - 5 Nov

P40611165793

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau through 5 November. Source follows in parentheses after each item.

Costa Rica

Health authorities confirmed on 28 October that 17 cases of meningitis-b have been registered in the country in the past few days. Deputy Health Minister Emilia Leon denied this is an epidemic, and he said these are isolated cases spread around the country. In 1992, 10 cases of meningitis-b were reported. Meanwhile, the official explained that \$890,000 will be earmarked for fighting the dengue fever epidemic affecting the country. (Mexico City NOTIMEX in Spanish 0017 GMT 29 Oct 93)

Some 2,040 people have been affected by the dengue epidemic in Costa Rica, particularly in the northern Pacific and central regions of the country, since the outbreak of the epidemic two weeks ago. Deputy Health Minister Emilia Leon said that seven cases were confirmed in the metropolitan area, where more than half of the country's 3.2 million people are concentrated. Leon added that 590 cases have been confirmed in Puntarenas Province, while the other cases have been reported in Guanacaste Province. Costa Rica has received fumigation equipment from Panama, while two Cuban experts are scheduled to arrive in the country to support the struggle against dengue. (Paris AFP in Spanish 2225 GMT 5 Nov 93)

Cuba

Cuba will provide technical counseling to Costa Rica to fight the dengue fever epidemic affecting the Central American country. Dr. Emilio Martinez of the Tropical Medicine Institute will travel to Costa Rica to assist that country's fight against the dengue epidemics. (Havana Radio Havana Cuba in Spanish 1300 GMT 26 Oct 93)

Experts of the Cuban AIDS Prevention and Control Program have reported that 965 Cubans have been infected by the HIV virus, considered as the cause for AIDS. The experts added that 152 AIDS-infected individuals have died, while 224 others have developed AIDS symptoms. They added that 687 males and 278 females have been infected with the AIDS virus. (Havana PRENSA LATINA in Spanish 2051 GMT 27 Oct 93)

Guatemala

San Juan de Dios General Hospital authorities have said that more than 50 people died and dozens of others became infected with cholera over the past few days. According to the reports, seven people died of cholera in

Chiquimula Department the week of 17 October. Authorities in Chiquimula declared a state of emergency, noting that the number of people infected totaled 80. The report concludes by saying that eight other people died of cholera in Melchor de Mencos, while a new outbreak of the disease has affected many people in Solola Department. (Guatemala City PRENSA LIBRE in Spanish 24 Oct 93 p 63)

A new outbreak of cholera in Santa Catarina Palopo, Solola Department, killed two people on 24 October, health officials have reported. Health officials have been dispatched to the area to try to control the new outbreak. (Guatemala City PRENSA LIBRE in Spanish 26 Oct 93 p 14)

Health authorities in Alta Verapaz Department have reported that eight people died of cholera in that department as a result of a new outbreak. Officials confirmed that the waters of the Chixoy River have been contaminated with the cholera virus, affecting rural communities. In the past few days, eight people have died and 70 others have checked into hospitals for treatment. (Guatemala City PRENSA LIBRE in Spanish 2 Nov 93 p 3)

The cholera epidemic has worsened in Huehuetenango Department, where nine new cases were reported. Health officials reported an increase in the cases of cholera in the last two weeks of October. (Guatemala City PRENSA LIBRE in Spanish 4 Nov 93 p 23)

Public Health Minister Gustavo Hernandez on 4 November reported that some 25,000 cases of cholera and 259 cholera-related fatalities have been reported in the country so far this year. He said that last year only 15,000 cases were reported. In turn, authorities will devise a new strategy to fight the epidemic. (Guatemala City PRENSA LIBRE in Spanish 5 Nov 93 p 3)

Honduras

Health Ministry officials detected over the weekend of 16 October 111 new cases of cholera, raising the toll to 2,458 infected persons since the epidemic began in 1991. In a communiqué, authorities reported that one woman died of cholera in Choluteca Department, bringing the total of cholera-related fatalities to 63. According to authorities, 59 cases were registered in Choluteca Department, 24 cases in Francisco Morazan Department, 17 cases in Valle Department, and 11 cases in Comayagua Department. (Mexico City NOTIMEX in Spanish 0127 GMT 19 Oct 93)

Health authorities in Olancho Department have declared a health emergency because of a new outbreak of cholera. An official stated that over the weekend of 30 October, 191 new cases were registered in Olancho. The director of Juticalpa Hospital reported that an average of 14 people infected with cholera check into the hospital daily. (Paris AFP in Spanish 1825 GMT 3 Nov 93)

Mexico

The Secretariat of Health and Public Assistance reported 228 new cases of cholera in Mexico between 16 and 23 October. The source added that the states most affected by cholera are Chiapas with 67 cases, Mexico City with 53, Guerrero with 17, Jalisco with 12, and Campeche and Colima with 10 cases apiece. Authorities concluded that 8,000 cases and 200 cholera-related fatalities have been registered in Mexico so far this year. (Madrid EFE in Spanish 1840 GMT 23 Oct 93)

Nicaragua

Health Ministry authorities on 27 October said that the cholera, malaria, and dengue epidemics, which have so far claimed 230 lives in Nicaragua, have surpassed the government's ability to fight them. A health official explained that more than 4,500 people have been infected with cholera and 221 have died since November 1991. The source concluded that a malaria epidemic has affected Managua, Matagalpa, Rio San Juan, and the Caribbean, where 20,324 cases have been reported. (Paris AFP in Spanish 1805 GMT 27 Oct 93)

The representative of the Panamerican Health Organization in Nicaragua on 2 November warned that there is a danger of an increase in cases of dengue in this country, where nearly 7,000 cases have been reported this year. Meanwhile, Health Ministry officials confirmed that no one has died of dengue this year, which mainly affects the Departments of Leon, Matagalpa, Rivas, and Managua. (Panama City ACAN in Spanish 1815 GMT 2 Nov 93)

Panama

Health authorities have reported that as of 30 September, 571 cases of AIDS and 336 AIDS-related fatalities have been reported in the country. Of the number of dead, 276 are male and 60 are female. Of those infected, some 429 people are between the ages of 20 and 44, while 366 of them are males and 63 are females. (Panama City MAGAZINE DOMINICAL EL SIGLO in Spanish 24 Oct 93 p 4)

A whooping cough epidemic, which has claimed the lives of 10 people, continues to affect Indians in the region of Cricamola, Chiriqui Grande District, Bocas del Toro Province. Despite Indian beliefs banning medical attention and the remoteness of the location, health authorities vowed to continue medical visits to meet the needs of the population in the area. (Panama City EL PANAMA AMERICA in Spanish 29 Oct 93 p 17A)

Health authorities reported 15 new cases of malaria during the week of 24 October, bringing the year's total to 417. Of the cases registered, 87 have been imported from neighboring countries, India, and Pakistan. (Panama City EL PANAMA AMERICA in Spanish 30 Oct 93 p 3A)

Health Minister Guillermo Rolla has said cases of tuberculosis have increased to 640 this year from 397 in 1992. Rolla stated that the only way to fight tuberculosis is by creating jobs and reducing basic shopping basket prices. He concluded that tuberculosis is closely related to poverty, malnutrition, and hunger. (Panama City LA ESTRELLA DE PANAMA in Spanish 1 Nov 93 p 48)

Health Ministry authorities have reported high indexes of infestation of the aedes aegypti mosquito, responsible for transmitting dengue fever, in 10 corregimientos in the metropolitan area and San Miguelito. Officials are urging Panamanians to adopt measures to reduce these indexes because of the outbreak of dengue in neighboring Costa Rica. (Panama City LA ESTRELLA DE PANAMA in Spanish 4 Nov 93 p A2)

Peru

Health Minister Jaime Freundt-Thurne has said authorities will continue to educate the population on how to fight cholera. He confirmed that 52 people have died of cholera in the city of Arequipa, adding that a new type of malaria has appeared in the northern part of Peru. (Lima Radio Programas del Peru Network in Spanish 1800 GMT 4 Nov 93)

Venezuela

A Health Ministry source has reported that 8,893 cases of malaria were reported in Venezuela during the first nine months of 1993. The source added that the aforementioned figure represents a 75 percent reduction as compared to last year. (Havana PRENSA LATINA in Spanish 1543 GMT 23 Oct 93)

**Southern Cone Health Report for 29 Oct - 4 Nov
PY0411203893**

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 29 October to 4 November.

Argentina

The Health Ministry officially reported on 28 October that four new cholera cases were registered in the past 24 hours in Salta and Jujuy Provinces. There have been 1,593 registered cases, of which 25 were fatal. (Buenos Aires NOTICIAS ARGENTINAS in Spanish 1928 GMT 28 Oct 93)

Bolivia

The Pan American Health Organization has warned that tuberculosis is reappearing as the major health problem in Latin American and Caribbean countries. The disease is mainly affecting Bolivia, Ecuador, and Peru, where a considerable increase in the number and frequency of cases have been registered. The report adds that in Bolivia the number of cases increased from 77 to 150 per 100,000 inhabitants in the past two years. (Cochabamba LOS TIEMPOS in Spanish 25 Oct 93 p A6)

Chile

Health authorities from Osorno have reported that two cases of meningitis have been reported in the province. The two babies are hospitalized and are in critical condition. (Santiago Radio Cooperativa Network in Spanish 2200 GMT 28 Oct 93)

Peru

Regional Health Deputy Director Alberto Salinas Portugal has reported that an alarming cholera outbreak was detected in the past few days in the city of Arequipa, where 30 cases are being reported weekly. He said a significant increase in cases have been reported compared with 1991 and 1992. (Lima EXPRESO in Spanish 16 Oct 93 p A11)

Southern Cone Health Report for 5 - 11 Nov

PY1111204593

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 5 to 11 November.

Argentina

A wave of cholera and meningitis continued to affect victims in the provinces of Salta, Santa Fe, Cordoba and Buenos Aires on 9 November.

Six new cases of cholera were reported in the Salta Province, according to the provincial Health Ministry. Five of the cases were in San Martin while the other was reported in Pilcomayo.

The new cases raised the total number of people affected this year in the province to 1,644, 26 of whom died. A total of 2,197 cases have been registered throughout the country, 41 fatal.

A total of 138 cases of meningitis have been reported in Cordoba, 19 fatal.

Also, in Misiones Province, Health Ministry officials reported four new cases of meningitis. In the city of Santa Fe, a little girl died of meningitis and in the city of Rosario, three individuals ranging from three months to eight years old were admitted to health facilities due to meningitis symptoms.

In La Plata, Buenos Aires, a seven-month-old baby died from meningitis. (NA) (Buenos Aires BUENOS AIRES HERALD in English 10 Nov 93 p 11)

Bolivia

National Epidemiology Department Director Jonny Molinedo has stated that he ordered the Pando Health Unit to take immediate action to control the malaria outbreak that has occurred in Pando Department. (Cochabamba LOS TIEMPOS in Spanish 29 Oct 93 p A3)

Tarija Health Center official Dr. Armando Perez Gironda has reported that six new cholera cases, including three confirmed cases and three probable cases, have been reported in Tarija. He noted that a 70-year-old woman died of this disease. (La Paz Television Nacional Network in Spanish 0100 GMT 11 Nov 93)

Brazil

Cholera is increasing in Eirunete County, Amazonas State. Nine new cases are registered per day, most of them in the Jurua River valley. Twenty-seven cases have been registered since 7 November. In Carauari County, eight cases have been registered and three of them proved fatal. (Brasilia Voz do Brasil Network in Portuguese 2100 GMT 10 Nov 93)

Peru

Rodney Garay Bernuy, director of San Javier del Maranon hospital, has reported that 330 cholera cases have been registered since January in Bellavista District, east of Jaen Province. He said the number of cases has dropped compared with the same period last year, but added that the number is significant since about 30 cases are being registered per month. Garay said that malaria is also affecting Bellavista, where 52 cases were detected in the past five months. (Lima EL COMERCIO in Spanish 31 Oct 93 p A18)

Goyene Hospital physician Ruperto Duenas Carpio has reported that a cholera outbreak has been registered in the Arequipa region, where up to 180 cases weekly are being reported. He said that 1,811 cases were detected through October, 50 percent more than in the previous year. (Lima EL COMERCIO in Spanish 2 Nov 93 p A14)

Regional Health Report for 5 - 12 Nov

PA1311162893

[Editorial Report] The following is a compilation of regional health reports monitored by Panama Bureau through 12 November. Source follows in parentheses after each item.

Costa Rica

The wife of one of the three dengue victims in Pavas started developing dengue symptoms yesterday. Contrary to her husband, she had not traveled to Liberia or Barranca, making authorities believe the disease could have reached San Jose several months ago. The most vulnerable zones are the shantytowns of Pavas, Hatillos, San Sebastian, and Cristo Rey, which were sprayed yesterday with malathion. In the neighborhood of Cuime, Liberia Province, 1,595 dengue cases were reported, and 700 more were detected in the rest of the province. (San Jose LA NACION in Spanish 5 Nov 93 p 8A)

Health Ministry officials on 10 November reported that the border area between Costa Rica and Panama, known

as Paso Canoas, is under "sanitary alert," because 30 possible dengue cases were detected. This could be a third dengue outbreak in Costa Rica since the disease was detected a month ago. About 3,000 people have been clinically infected, while another 6,000 may have caught dengue. The outbreaks have been reported in cities of Guanacaste Province, 220 km northwest of San Jose, and in the central area of Puntarenas Province, on the Pacific coast. (Panama City ACAN in Spanish 1606 GMT 10 Nov 93)

Since 20 October 73 dengue cases have been detected in Esparza, but all cases are related to the Barrancas outbreak. Esparza Health Center Director Ulises Lotizaga said that Esparza has 20,000 to 22,000 inhabitants, but most live in isolated areas, which has prevented a major outbreak. He added that there are between three to five reported dengue cases every day, but health officials are taking measures to eradicate the aedes aegypti mosquito. The shantytowns of Rosarito Calderon and Rafael Angel Calderon are the areas most infected with dengue. These are the places where 50 percent of the people live with dengue. (San Jose Radio Reloj in Spanish 1730 GMT 10 Nov 93)

Guatemala

According to the Public Health and Social Welfare Ministry, since 24 June 1991, when cholera first appeared in Guatemala, 536 people died, and 4,525 were infected. Health Minister Gustavo Hernandez Polanco has said that more than 25,000 cases of cholera have been detected in 1993, of which 259 people died. Official sources say that 3,664 people were infected and 50 died in 1991, while in 1992 15,861 people were infected and 227 died. (Panama City ACAN in Spanish 1852 GMT 8 Nov 93)

The Health Ministry reported today that 400 people are infected with the AIDS virus in Guatemala. Health Minister Hernandez Polanco added that 437 people are HIV positive. (Mexico City NOTIMEX in Spanish 1632 GMT 12 Nov 93)

Honduras

La Paz deputy candidate Ruben Neptali Nu\$ez has reported that a cholera outbreak hit the town of Santa Rosita, Guajiquiro Municipality, La Paz Department, where seven people have died, 10 are in coma, and more than 100 have developed symptoms. (Tegucigalpa LA TRIBUNA in Spanish 8 Nov 93 p 10)

Two cholera cases were detected among the victims of last week's floods in Tocoa, Colon Department, in the northeastern zone of the country. (Hamburg DPA in Spanish 1820 GMT 8 Nov 93)

Cholera killed 65 people and infected another 2,466 since the disease reached Honduras in October 1991. Public Health Ministry spokesmen told ACAN-EFE that an average of three cases per day were detected last October. Three people have caught cholera in Bonita

Oriental, an area affected by floods. (Panama City ACAN in Spanish 2108 GMT 8 Nov 93)

Mexico

A source from the Secretariat of Health has reported that at least 9,000 people were infected with cholera, and 171 died between January and October 1993. Indians and peasants from rural zones were mainly affected. (Madrid EFE in Spanish 1933 GMT 8 Nov 93)

Mexican authorities have met with 186 mayors of "high risk" municipalities in 12 states to take preventive measures to reduce the number of cholera cases. Official sources say that in 1992 there were 8,162 cholera cases and 99 deaths. (Hamburg DPA in Spanish 2203 GMT 9 Nov 93)

Panama

According to the Health Ministry, the number of AIDS cases in Panama continues to rise. So far there are 397 cases and 241 deaths. Of the reported cases, 334 are men and 63 are women, mostly between the ages of 20 to 44. Of the number of deaths, 197 are men and 44 are women. Most cases of AIDS were sexually transmitted: 152 through homosexual contacts; 135 through heterosexual contacts; 31 through bisexual contacts; 50 through blood transfusions; four through neonatal transmissions; and 25 by other means. (Panama City LA ESTRELLA DE PANAMA in Spanish 6 Nov 93 p A2)

A Health Ministry epidemiologist has said that a whooping cough epidemic has hit the Indian areas in Bocas del Toro Province. The disease is mostly affecting children under 10. (Panama City LA ESTRELLA DE PANAMA in Spanish 6 Nov 93 p 28)

Panamanian health authorities have issued a "medical alert" in the border town of Paso Canoas after 32 cases of dengue were detected. The disease has affected 2,500 people in Costa Rica. (Panama City EL SIGLO in Spanish 8 Nov 93 p 50)

The Health Ministry has reported that eight cases of malaria were detected, three cases in Bocas del Toro, three in Chiriqui, one in Colon, and one in Panama Province in October. Until 30 October, there were 425 cases of malaria, 94 of which came from abroad. (Panama City LA PRENSA in Spanish 11 Nov 93 p 10A)

Peru

The World Health Organization has issued a report stating that 69,107 cases of cholera were detected, and 445 people died from the disease in Peru so far in 1993. (Lima Radio Programas del Peru Network in Spanish 1800 GMT 5 Nov 93)

At least 25 people died of cholera during the last few days, and another 50 people are infected in Obas District, Huanuco Department, 450 km northwest of Lima. When the disease appeared in 1991, 322,000 Peruvians were affected. In 1992, 139,000 caught the disease. It is

expected that in 1993, less than 70,000 people will be infected. (Paris AFP in Spanish 0459 GMT 11 Nov 93)

Regional Health Report for 6 - 20 Nov

PA2011185593

[Editorial Report] The following is a compilation of reports on regional health and epidemiology developments monitored through 20 November. Source is in parentheses following each item.

Costa Rica

Three cases of dengue were reported in Asuncion de Belen, Coronado, and Tibas, raising the number of infected persons in San Jose to seven, according to Deputy Health Minister Emilia Leon. It has also been reported that many people in different provinces have symptoms of the disease and that cases have been reported in Puntarenas and Liberia. (San Jose LA REPUBLICA in Spanish 6 Nov 93)

The number of dengue cases reported in Chorotega and the central Pacific are decreasing, according to these regions' health directors. However, Deputy Health Minister Emilia Leon says that cases have been reported in Esparza. Thus far, 2,929 have been reported: 1,110 in Puntarenas; 1,802 in Guanacaste; and seven in the Metropolitan area. Leon added that the strain of dengue in Costa Rica has been officially identified as type one. (San Jose Radio Reloj in Spanish 0100 GMT 10 Nov 93)

According to Costa Rican Health Ministry sources, 32 cases of an illness believed to be dengue have been reported in Paso Canoas on the Panamanian border, which means the disease is spreading to every corner of the country. Deputy Health Minister Emilia Leon says almost 3,000 cases have been reported and that the first case of a native strain of dengue is expected to show up in San Jose within eight days. The Health Ministry has also disclosed that cases of tuberculosis have increased over the past three years, mostly among individuals under age 15. Up until 1992 there were 329 cases, but 200 more were detected between January and April 1993. (San Jose LA REPUBLICA in Spanish 10 Nov 93)

Health Ministry officials report that despite their campaign against the aedes aegypti mosquito, all sorts of breeding places can still be seen everywhere. Two people with symptoms have been reported in Alajuelita. (San Jose LA REPUBLICA in Spanish 11 Nov 93)

Health Ministry entomologist Teresita Solano says the dengue epidemic is under control. The number of dengue patients in Liberia and Puntarenas hospitals is estimated at approximately 3,000. (San Jose LA NACION in Spanish 11 Nov 93)

Dr. Ana Gabriela Ross at the Health Ministry says two cases of dengue were reported in Santa Ana on 15 November. (San Jose Radio Reloj in Spanish 1730 GMT 15 Nov 93)

Deputy Health Minister Emilia Leon says fewer dengue cases are being reported throughout the country, but secondary cases could emerge in the metropolitan area, which should not alarm anyone. Leon added that thanks to a prevention and fumigation campaign, breeding places for the mosquito that spreads the disease have decreased. Dr. Leon urged the general public to follow the campaign against dengue. She said that although fewer cases are being reported, the epidemic is not over yet. (San Jose Radio Reloj in Spanish 0100 GMT 18 Nov 93)

Sexually transmitted diseases have decreased by almost 40 percent in Costa Rica, according to Dr. Abel Biques of the Health Ministry. An average 7,000 cases are reported yearly, but Biques says the population has increased, which means a smaller percentage of the population is afflicted yearly. Gonorrhea, urethritis, and syphilis are the most frequently reported diseases. Dr. Biques expressed concern over the rising number of congenital syphilis cases; in 1990 there were 45 cases, and in 1993 there were 50. (San Jose Radio Reloj in Spanish 0100 GMT 20 Nov 93)

Honduras

Cesar Nunez, who is with the National Aids Program at the Health Ministry, says there is a new trend in aids in Honduras. Over the past few months, the number of infected women has increased at the same rate as that of the young population. Nunez says this is because men have extramarital affairs and spread the disease to their wives. So far there are 3,193 cases of dengue in Honduras, 11 of which were reported in October. (Tegucigalpa EL HERALDO in Spanish 15 Nov 93)

Sanitation reports indicate that seven rivers in various parts of the country, all of which pass through densely populated areas, are contaminated with cholera bacteria. The contaminated rivers are the Ulua, Chamelecon, Choluteca, Nacaome, Humuya, Goascoran, and Jutiapa. The most recent Health Ministry reports state that 3,023 people are infected with cholera, and 76 people have died from the illness. In 1993 alone, 2,600 cases were reported. (Tegucigalpa EL HERALDO in Spanish 13 Nov 93)

Health authorities have reported that 209 cases of cholera, four of which proved fatal, were reported between 7 and 15 November. (Tegucigalpa EL PERIODICO in Spanish 16 Nov 93)

The Honduran Health Ministry announced today that 27 people have died from cholera in the country this month. The report indicates that 259 cases, including 27 which proved fatal, were reported between 7 and 15 November. (Mexico City NOTIMEX in Spanish 1909 GMT 16 Nov 93)

Mexico

Mexico currently ranks third on the list of countries on the American continent with the largest number of AIDS

cases, and it may eventually head the list, according to health sources. Mexican Health Secretary Jesus Kumate Rodriguez said that according to World Health Organization figures, Mexico may soon be in second place. He said AIDS is the sixth leading cause of death in Mexico. (Mexico City NOTIMEX in Spanish 1708 GMT 13 Nov 93)

The Health Secretariat announced today that at least 10,000 cases of cholera and 184 deaths have been reported in Mexico this year. The states most affected are Chiapas, Mexico, Oaxaca, and Puebla, all of which have large Indian populations. (Madrid EFE in Spanish 2117 GMT 14 Nov 93)

Mexican Health Secretary Jesus Kumate Rodriguez says the country's infant mortality rate dropped from 23 to 15 per thousand in 1992. He added that the next administration should step up efforts to combat infectious diseases, which are becoming increasingly costly and complex. (Madrid EFE in Spanish 0217 GMT 16 Nov 93)

Nicaragua

The Nicaraguan Health Ministry announced on 15 November that the cholera epidemic that first appeared in Nicaragua 2 years ago has resulted in 236 deaths and has infected 8,743 people. Since January, 193 people have died and 5,704 people have been infected, primarily in Nueva Segovia, Matagalpa, Leon, Chinandega, and Boaco Departments. (Panama City ACAN in Spanish 2023 GMT 15 Nov 93)

Federico Aviles, director of the AIDS program at the Nicaraguan Health Ministry, says that socioeconomic factors have accelerated the spread of AIDS in Nicaragua, where 2.5 cases have been reported monthly from the beginning of 1993. Aviles urged the people to fight the disease, saying it has spread faster this year in Nicaragua than in any other Central American country, although Nicaragua is still the country with the fewest cases. There have been 51 cases and 37 deaths since the disease first appeared in 1987. (Mexico City NOTIMEX in Spanish 2049 GMT 17 Nov 93)

Nicaraguan Health Minister Marta Palacios confirmed on 17 November that over 5,000 cases of cholera and 190 deaths have been reported in Nicaragua since the disease appeared in 1991. Palacios said that in 1994 a special operation will be set in motion to prevent the spread of the disease before the rainy season begins. (Mexico City NOTIMEX in Spanish 2142 GMT 17 Nov 93)

Peru

A Cajamarca health official announced on 15 November that at least three people were killed and 20 others are affected by a bubonic plague epidemic in San Pablo District, 800 km northeast of Lima. (Paris AFP in Spanish 1511 GMT 15 Nov 93)

At least 12 people died and 35 others are hospitalized due to an alarming outbreak of cholera in Dos de Mayo Province, Huanuco. Huanuco health official Cesar Raborg said the victims contracted the disease from someone who brought the disease into the area. He said urgent measures have been adopted to prevent the disease from spreading further. Between January and 30 October, 63,069 cases and 525 deaths have been reported. Raborg said that despite these staggering figures, the disease has diminished considerably. (Paris AFP in Spanish 1817 GMT 15 Nov 93)

Cesar Raborg has disclosed that at least 15 people died from cholera in one day in the Peruvian village of San Pedro de Obas. (Madrid EFE in Spanish 2333 GMT 15 Nov 93)

Venezuela

The Directorate of Epidemiology at the Sanitation and Social Welfare Ministry announced on 18 November that so far this year, 7,618 cases of dengue have been reported in Venezuela, 29 percent of which were hemorrhagic and resulted in 14 deaths. The government has declared an epidemiologic alert in Lara, Miranda, Tachira, Bolivar, and Cojedes, where most of the deaths occurred. (Paris AFP in Spanish 1922 GMT 18 Nov 93)

Southern Cone Health Report for 12 - 18 Nov PY1811200593

[Editorial Report] The following is a compilation of reports on epidemics and diseases monitored by Paraguay Bureau from 12 to 18 November.

Bolivia

Health Minister Joaquin Monasterio has reported that about 100 AIDS cases have been reported in the country. According to official reports released by the Santa Cruz Health Unit, about 60 AIDS cases have been reported in Santa Cruz Department alone. (La Paz Radio Fides Network in Spanish 1100 GMT 15 Nov 93)

Brazil

Methodist missionary Marcos Wesley de Oliveira has reported that in the municipality of Eirunete in Amazon State, four Kulina Indians had died of cholera over the past few days, while more than 80 have contracted the disease since early October. (Sao Paulo O ESTADO DE SAO PAULO in Spanish 15 Nov 93 p A11)

One more cholera case has been confirmed in Rio de Janeiro. On 14 November a one-year-old infant was admitted to the Raphael Paula de Souza Hospital in Curicica, Jacarepagua. (Rio de Janeiro O GLOBO in Portuguese 17 Nov 93 p 18)

BRAZIL

Rio Receives \$12.9 Million To Combat AIDS

94WE0053B Rio de Janeiro *O GLOBO* in Portuguese
7 Oct 93 p 15

[Article: "AIDS: Rio To Receive \$12.9 Million"]

[Text] The State of Rio de Janeiro is to receive about \$12.9 million by 1995 for its project to prevent AIDS and sexually transmitted diseases. The program, which will be financed with funds from the World Bank and the federal and state governments, was announced yesterday by the state secretary of health, Astor Pereira de Mello, and the program's coordinator in Rio de Janeiro, Alvaro Matida.

Experts expect the State of Rio de Janeiro to record 7,500 new AIDS cases over the next 2 years—more than the 6,705 cases recorded in the state since the start of the epidemic in 1982. The secretariat's program was set up to try to reduce the risk of the spread of AIDS and sexually transmitted diseases. Because of underreporting, only 5 percent of the actual number of such cases become known to the secretariat.

Experts estimate that the AIDS prevention program will spend about \$3.3 million during its first year. The operation of the program has been divided into four components: prevention, support for diagnostic and laboratory services, institutional development, and epidemiological control.

According to Alvaro Matida, a good share of the funds will be transferred to nongovernmental organizations already active in preventing AIDS, examples being Abia, the Viva Cazuza Foundation, the Group for Life, and others. This applies to the prevention program, which will receive about 70 percent of the funds. One of the projects, aimed at adolescents in the classroom, will involve the state Secretariat of Health, Fiocruz [Oswaldo Cruz Foundation], the University of Rio de Janeiro, and secondary schools. The State Commission on AIDS will oversee use of the funds, which are to be managed by the state Secretariat of Health.

AIDS Incidence Multiplies Along Cocaine Routes

94WE0053A Sao Paulo *O ESTADO DE SAO PAULO* in Portuguese 5 Oct 93 p A16

[Article by Luiz Roberto de Souza Queiroz: "AIDS Expected To Kill 87,000 People in Country by 1995"; introductory paragraph in italics as published]

[Text] *The Ministry of Health says that infection has increased in states along the cocaine route.*

AIDS is expected to kill 87,000 people infected with HIV in Brazil by 1995. That figure represents nearly 30,000 deaths per year, most of them in the State of Sao Paulo, which has 59 percent of all cases of the disease. That forecast appears in the Ministry of Health's seventh

BOLETIM EPIDEMIOLOGICO, which was issued this week and reveals for the first time the trend toward an explosive increase in the epidemic in the states located along the cocaine route. The drug comes from the Andean countries and travels through western Brazil to the coast.

The ministry's statistical survey shows that between 1987 and 1991, AIDS cases increased more than fivefold in Mato Grosso do Sul—on the cocaine route—where the rate of incidence rose from 0.8 to 4.4 cases per 100,000 inhabitants. On the other hand, in a state such as Rio Grande do Norte, which is located away from the cocaine route, the rate of increase was much slower: from 0.6 to 1.9 during the same period. "The differentiating factor between the two states is precisely the relative frequency of intravenous drug use as a risk factor for AIDS," the document says. The study also states that "the faster spread of the epidemic associated with intravenous drug use can be identified in other states on the western border or in municipalities located along a probable trafficking route."

The report draws attention to the way the epidemic spread in Thailand, the profile of which may be repeated in Brazil. The first phase of the disease in Thailand was characterized by the rapid spread of the virus among drug users. Those infected in the second phase were prostitutes, and in the third phase, the virus reached men who were not drug users. In the fourth phase, those infected men passed the virus on to their regular partners, and in the fifth phase, there was an increase in vertical transmission—infected women began transmitting the virus to their children while the latter were still in the womb.

What worries epidemiologists is that in Brazil, the wave of infection through intravenous drugs is affecting primarily adolescents. Among infected young people, 58 percent contracted AIDS through the use of drugs. The statistical survey shows that 1,361 minors under 15 years of age have already contracted the disease.

BRITISH VIRGIN ISLANDS

Recorded Cases of AIDS Totals 21

FL2111215993 Bridgetown CANA in English
1616 GMT 21 Nov 93

[Text] Road Town, Tortola, Nov 21, CANA—The British Virgin Islands (BVI) has to date recorded 21 cases of HIV, the virus which causes AIDS (Acquired Immune Deficiency Syndrome), chief medical officer, Orlando Smith, has reported.

Eight of the 21 infected persons have been diagnosed with AIDS and six of the eight have died—13 males and eight females, including one female child, make up the 21 reported cases.

At a press briefing to launch activities marking World AIDS Day on December 1, Smith said other cases had

probably gone unrecorded and it was impossible to estimate the exact number of infected persons.

"We cannot ignore that there is speculation about HIV and AIDS cases on the streets. However, reports issued by the BVI Aids and Sexual Health Programme cannot be based on street information. It must reflect the official record," he said.

The number of HIV cases have been increasing since the first case was reported in 1987. Five were reported in 1990, nine in 1991, four in 1992, and three so far this year.

The chief medical officer said while the 21 cases were a tiny fraction of the 13 million reported cases worldwide, people should take every precaution to protect themselves.

"With no cure or vaccine in sight, prevention and education must remain absolute priorities," he said. Smith added about U.S.\$80,000 dollars was spent annually on the country's AIDS and sexual health programme, but suggested more voluntary support was needed to stem the spread of the disease.

He remarked that more AIDS education for young people, the setting up of strong prevention and education programmes in the workforce, and increased funding for AIDS prevention in the developing world were needed.

COSTA RICA

Growing Dengue Epidemic Confirmed

94WE00684 San Jose LA NACION in Spanish
21 Oct 93 p 41

[Article by Milena Fernandez]

[Excerpt] Health authorities have confirmed that the country is facing an epidemic of dengue fever. They stated that at least 18 cases have been confirmed in Barranca and that there are another 500 cases where dengue fever is suspected (400 in Puntarenas and 100 in Liberia, Province of Guanacaste).

This announcement by the Costa Rican Institute for Research and Education in Nutrition and Health (INCIENSA) led authorities in the Ministry of Health to reconfirm the emergency which was declared on 27 September, when it was reported for the first time that there was a possibility that the disease—which was supposedly eradicated 50 years ago—was reappearing.

Although the first samples [of suspected material] have been sent to the Reference Center of Honduras, a diagnosis has not been made, because of the medical strike called in that country at least 2 weeks ago.

Due to the epidemic, the first action taken was to establish health quarantines in Puntarenas, Liberia, and Valle Central, according to Emilia Leon, acting minister of health.

In the port of Pacifco the disease spread rapidly. The first case was identified on 14 October in Barranca. From there it spread to Esparza—where there are at least two persons ill with the disease—and to other places in the province.

Ana Gabriela Ross, director of the South Central Region of the Ministry of Health, stated that mosquitoes have been detected in the Cantons of Desamparados, Goicoechea, Alajuelita, Coronado, Tibas, Moravia, and Montes de Oca, as well as in the Districts of Hatillo and San Sebastian.

She added: "In June several suspected cases were reported in Barrio Mexico, Ciudad Colon, and Tibas." Ross did not specify the number of persons affected, but she said that they showed symptoms of dengue fever: headaches and pains in the joints of the body, skin rashes, general discomfort, and feelings of tiredness around the eyes.

Health authorities stated: "Mosquitoes transmitting dengue and yellow fever are found throughout the country." They confirmed that they are taking emergency action to prevent the outbreak from spreading to a larger number of people.

Unofficial calculations indicate that if the pace at which the disease has spread continues as it has up to the present, it could affect between 250,000 and 500,000 people.

The government has allocated 30 million Costa Rican colones for the purchase of insecticides to fumigate the areas of greatest danger and especially those homes where symptoms of the disease have been detected.

Panama will loan to Costa Rica two machines equipped to fumigate the streets with "Malathion," a powerful agrochemical which is soluble in water and which is lethal for the "Aedes Aegyptis" mosquito [which transmits the disease].

According to Acting Minister of Health Leon, the 200 containers of "Malathion" in storage in the warehouses and the eight fumigators on hand (including the two machines which Panama is providing) are enough for a considerable period of time. Five of the fumigators will be sent to Puntarenas, and the remaining three, to Guanacaste.

For his part Jose Luis Garces, director of the Malaria Department of the Ministry of Health, said that 14 technicians experienced in primary care have been sent from Limon to Puntarenas. [passage omitted]

CUBA

Argentines Sign Agreement To Buy Cuban Meningitis Vaccine

Rosario-Santiago de Cuba Agreement

FL1711163493 Havana Cuba Vision Network
in Spanish 2320 GMT 16 Nov 93

[Text] Council members and health officials from the Argentine municipality of Rosario verified the effectiveness of the meningitis vaccine in Cuba and signed a purchasing agreement with the Ministry of Public Health [Minsap].

In a news conference, the Argentine officials stated that they are leaving Cuba with a clear idea of our country and the quality of our people. They said: It is a challenge to maintain the impressive results that Cuba has today in matters of health care and education. For that reason, council members and other personalities from Rosario agreed to begin an extensive exchange of experience and comparison between that municipality and Minsap. They signed a twinning agreement between the cities of Rosario and Santiago de Cuba, and take with them a great deal of information on investment possibilities in Cuba, which, according to the Argentine officials, will promote trade relations between the two countries.

Since 5 November, the Argentine delegation has been touring scientific installations, education centers, and other places of interest. They said that it had been an intense program that taught them a great deal. They went on to say that 3,000 cases of meningitis are expected this year in Argentina and that they are not overlooking the possibility of a significant outbreak.

Government To Test Cuban Meningitis Vaccine

FL2211014293 Havana Radio Rebelde Network
in Spanish 1800 GMT 20 Nov 93

[Text] The Argentine Government today confirmed that before the end of the year, there will be a pilot test program in Argentina employing the Cuban antimeningitis vaccine. Approximately 100,000 children will be innoculated with the vaccine on a voluntary basis. (Felix Borgonovo), vice minister of Public Health and Social Action, who visited the (Malbran) Institute in Buenos Aires, where the vaccine is being studied, explained that the vaccine will be administered to children ranging in age from three to fourteen.

(Carlos Maria Julia), national director of epidemiological medicine of the Ministry of Public Health and Social Action, said that if the test is successful, massive vaccination will follow, with a view to prevention, he stressed. (Julia) said he feels that the most important thing has been to prove that the vaccine, produced by the Finlay Institute in Havana, can do no harm.

Approximate 3,000 cases [of meningitis] have been reported in Argentina during the current year, 30 percent

more than in 1992, when according to figures from the sanitary authorities, the disease attacked close to 1,800 people.

The test with the Cuban vaccine will take place in La Pampa Province, 500 km south of Buenos Aires, where between 10 and 13 inhabitants out of every 100,000 have reportedly been affected by meningitis—the highest rate of incidence in 1993.

Castro Addresses Microbiology Congress

PA0411043193 Havana Radio Rebelde Network
Spanish 2320 GMT 30 Oct 93

[Speech by Fidel Castro at the Fourth Microbiology and Parasitology Congress held at the Convention Palace in Havana on 29 October—recorded]

[Excerpts] A program had been previously scheduled in which [words indistinct] were to give a speech. I knew that [words indistinct] was to speak and that [words indistinct] had many things to say. He had many things to say, but in a few words. It had been announced that Dr. Carlyle—I call him Carlyle, because that is how we pronounce it in Spanish [Castro chuckles]—was going to give a conference. How long was the conference to last? Well, approximately 40 minutes. When we arrived here, we learned that Carlyle had [word indistinct] (sore throat). Before it was called [words indistinct] but now it is called [words indistinct] because nothing can be heard [Castro chuckles] [words indistinct]

It appears that in honor of the inauguration of this Institution, he was received here at least with a cold. It has not been investigated yet if he has a virus or a bacteria. The fact of the matter is that he could barely speak. I do not know how he managed, because he gave his speech and he spoke very well and with a great deal of sensibility which merits double congratulations. At the end he said that [name indistinct] was to give a speech. I was told that the last time [name indistinct] had given a speech was at a graduation ceremony, and they said it was long. This time he was brief and he spoke eloquently, there was even time left. We have not been here for an hour yet. It was then my turn to [word indistinct] come up to the podium. [passage omitted]

I came here to greet you all, in the first place, and to express my satisfaction for your presence. There is a large attendance of doctors, Cuban experts. There is also a very large attendance—number not yet estimated—of experts from abroad. I say from abroad so as to not call them foreign because in the end we all belong to the same family. There is nothing strange or foreign among those who are visiting us here. [applause] [passage omitted]

The study of diseases unique to each climate is very important and highly interesting for all the nations. There are some diseases that are not exclusive to the tropics; they are of tropical, cold, and mild climates. AIDS was mentioned here, it affects all the nations of the world. It is still not known for certain, nor precisely, what

the origins of AIDS is. There are diverse theories with regard to this, but its origin is still unknown. I have even had the opportunity to learn of some opinions linking it to biological warfare efforts. This cannot be asserted either. It is just one of the many theories that abound. However, it is well known that biological warfare was the object of in-depth research and that billions [currency not specified] were spent on it. It would not be surprising for an epidemic such as this to have originated from one of the many laboratories. As a result of this, it was our responsibility to develop health research methodology not and just concentrate on tropical disease research. We have learned a lot from some rare diseases that have on occasions plagued plants, animals and even.... [pauses] I believe it was [name indistinct] who said here that the strange manner in which the hemorrhagic dengue epidemic appeared in Cuba is still to be determined. You can bet that so far that disease has not appeared abruptly in any other place. Yet it appears abruptly, violently.... [pauses] It is true that it was in part due to our own irresponsible conduct because there had been an epidemiological carelessness that resulted in an increment of the transmitting agent; the well-known mosquito discovered by Finlay as the yellow fever transmitting agent.

It is here where our carelessness lies. We allowed the Aedes Agypti mosquito to develop even though we were not yet immersed in the special period and we were in a better economic position. We have been able to reduce it to minimum levels and we have to continue to keep it within tolerable levels or in areas where we were practically able to eradicate that mosquito.

[Words indistinct] we were quite besieged and threatened, not only as result of the mere casual intervention of diseases but also because of the premeditated introduction of diseases. All of this prompted us into taking serious steps in the health sector as well as health research and we began to carry out all sorts of research of every type so long as it proved useful to our country, to our development. We decided to pay special attention to the health sector. As a result of this decision, we decided to provide and equip the Tropical Medicine Institute with adequate installations and all the laboratories were [word indistinct].

I believe it is already a respectable institution and one that can be very useful to the country, the region, and other regions in the world. As you see, the institution is located in an area that is somewhat removed from the city or from the center of the city. This causes problems in the current situation, with the scarcity of fuel and transportation, and we are looking for ways to resolve them. We are also modifying, rebuilding, and preparing housing installations and have already distributed a few units so that the institution's personnel can be close at hand. I hope to have not less than 100 housing units.

As you know, we had many foreign technicians here and they lived near the institution; there was a neighborhood for foreign technicians. It is very painful that the foreign

technicians have left but, well, we have received considerable training and can already fend for ourselves in many things. In tropical medicine, we received little or almost no help from the foreign technicians. We can really say that our health and biology investigations were carried out mainly—almost 100 percent—by Cubans. The foreign technicians worked in other areas; they helped us in other areas.

It hurt us very much to see the foreign technicians leave. Their departure, however, released a large number of housing units that will now be used to house the Pedro Curie Institute scientists. We are adapting and preparing the housing units so that the center's staff can live closer. With the scarcity of buses, it would be difficult for them to come to work, approximately 15 km from the center of the city, on a bicycle every day. We are now engaged in preparing those housing units for the center's personnel and will continue to work to find solutions to those problems so the institute can be completed. [passage omitted]

Some institutions have already been inaugurated but others are about to be inaugurated. Simply said, we have given priority to the areas of scientific investigation even amid the special period situation.

We are completing all the institutions in those areas and the ones related to the biotechnology and pharmaceutical industries with great efforts and sacrifices. We are carrying out many actions in those areas in western Havana. We have the Western Havana Scientific Center, which includes a large number of institutions, that was established to further cooperation among them.

The latest joint effort made by the center and its institutions was when the optic neuritis epidemic developed. The scientists worked desperately in everything related to this epidemic. They studied the results of investigations that could give them insight in their search for the causes of the ailment. They studied its characteristics, searched for therapies, and looked for ways to implement programs. What are those programs called? The ones in which we worked so hard? The programs on therapeutic problems? What name was given to those programs? [Unidentified person mumbles something] Clinical tests, you say? Amid the epidemic, we investigated with approximately [words indistinct] to combat the ailment. [Words indistinct] medicines and treatment that could be more effective. We studied the effects of applying ozone or magneto-therapy [magnetoterapia] to the ailment. We studied vitamins to find out which would be more effective. We checked to see what effects would be caused with the use of Interferon, the transference factor [factor de transferencia], and even the (Ictagoglobin). All the patients received the basic treatment; the one with vitamins. In addition, however, many patients received other treatments to be able to determine which was the most efficient.

As a result of this epidemic there must be tremendous efforts and constant follow-up. There must be a follow-up to the 50,000 cases that were diagnosed. However, it should be taken into account that in these cases there is a tendency for excessive diagnosis [hyperdiagnosticos]. According to the most conservative estimates, no less than 35,000 people were affected by the disease. A huge majority recovered completely. A small group, a few hundred suffered relapses. Their health improved, but their recovery was not complete. All diagnosed cases are being followed up.

Those cases that were recorded more than a year ago when we did not have much experience are receiving treatment. We even resorted to the sulfurous water because there were three theories related to the use of this treatment. I imagine that by now they might have discussed the issue in some congress on whether or not it was nutritive, toxic nutritive, toxic, or viral. There were numerous contradictions that prevented us from clearly establishing what the real causes were. A foreign scientist said that to search for a toxin that causes an illness is like searching for a needle in a haystack. A tremendous amount of work was done and every scientist became involved. We are not sure of how many hours went into this. My estimate, based on my participation in meetings with scientists during the epidemic, indicates that we must have surpassed 100 hours. One hundred hours of continuous meetings since there were two weekly meetings. In addition, there were also meetings among ourselves as well as with foreign scientists because we opened the doors to the international scientific community in the belief that this type of epidemic might be of interest to other countries, not just to us. There was strenuous work searching [word indistinct].

The struggle against the illness served to demonstrate two things: the scientific progress we had been able to accomplish, and at the same time, our scientific shortcomings. In which field were we more advanced? In which field were we less advanced? This effort prompted us to become aware of all these issues and to encourage the country's scientific development. Likewise, the Pan-American Health Organization and WHO both cooperated with us in encouraging the country's scientific development. We also established contacts with foreign scientists and scientific centers in order to procure their assistance. But as for the disease we have now, the international scientific community does not have an answer either. It does not have a clear and categorical answer. We must continue researching and studying.

However, in circumstances such as these where a number of cases are recorded, there were days when more or less accurate diagnoses were made on approximately 700 cases. It was really a nightmare. The hospitals were overcrowded, yet research never stopped. I know of researchers who would sleep in their labs. They had a cot right beside their electronic microscopes and the culture mediums they were working with. They would sleep right in the lab while working on the epidemic related research. [Words indistinct] it is impossible to become

fully aware of the value of these scientific institutions. This is the reason we have given them such a priority status.

If a similar problem were to break out in any other country, our research assistants would immediately offer their assistance to that country. For example, when the dengue break out in Ecuador they requested our cooperation and that of other countries and we immediately sent it. We acquired tremendous experience in the struggle against dengue because it was completely banished. The last cases of dengue were hospitalized. Not only did we struggle against the mosquito but special measures were taken to prevent any spread until the day when no cases were recorded. The overall measures finally succeeded. The overall measures also succeeded in eradicating the optic neuritis epidemic.

But that was a battle, and dengue was a big one back in 1981. That battle was much greater, and I would say more distressing. When the dengue hit, we knew certain elements regarding transmission and the virus. We were even able to use interferon, which at that time we had just produced, (?to fight) dengue. This was not the case now, since we had to investigate along the way. We had to adopt diverse measures along the way. It was truly distressing. I call that epidemic a nightmare.

It was at that time that we could appreciate the enormous importance of the work by scientists, and it is related to something as sacred as human health and human life. In this case, it was particularly sensitive because one of its manifestations affected eyesight. It is truly dramatic to see thousands of people with an eye ailment that could have consequences if they do not receive adequate treatment. This is the motivation of the science workers, and that is the reason for the devotion with which they work. I say that the behavior of scientists is truly exemplary now, as we often cannot even ensure monthly rations of gasoline to those who have cars.

There are many scientists in our country using bicycles to move about. I would, of course, rather that they could give [words indistinct] we are doing everything possible so that the material conditions of researchers are good, but our resources are limited. It is truly admirable to see a scientist on a bicycle. [passage omitted]

Specialists To Give Dengue Fever Training in Costa Rica

FL0911163393 Havana Radio Progreso Network
in Spanish 1200 GMT 9 Nov 93

[Text] GRANMA reports that Cuban specialists have arrived in Costa Rica to give training courses to teach people to fight dengue fever. The morning paper LA REPUBLICA, one of San Jose's most influential dailies, highlights the presence of the Cuban doctors and stresses that our country is the Latin American nation with the greatest experience in fighting this epidemic.

Mexican Group To Market Cuban Medical Products

FL2510010093 Havana Radio Rebelde Network in Spanish 1800 GMT 23 Oct 93

[Text] The Finlay Institute and Mexico's Benavides industrial group have signed, in Mexico, an agreement for the exclusive right to market the B-C antimeningo-coccus vaccine, (Vamenoc B-C), as well as gamma globulin.

Orlando Gutierrez, director of advertising and public relations for the Cuban institution, said the Benavides group is a commercial organization that controls close to 600 pharmacies and laboratories that produce various medicines, in addition to other consumer goods. Hence the importance, he pointed out, to both countries of this agreement, because the (Vamengot B-C) [name as heard], unique in the world, will soon be available on the Mexican market to help prevent that deadly disease that leads to death within a few hours or, in the best of cases, leaves negative aftereffects.

Official Sources Report on Aging Process, Fertility Rate

PA0111150893 Madrid EFE in Spanish 0016 GMT 31 Oct 93

[Text] Havana, 30 Oct (EFE)—Official sources reported on Saturday that the Cuban population has begun a process of aging, which is evident in the fact that there are 1.2 million elderly people out of the 10.8 million living on the island. Cuba is the most populated country in the Central American region of the Caribbean, according to official figures.

The fertility rate of the Cuban population is among the lowest in the world in the last 15 years, and, therefore, if this trend continues during the next 25 years, the island's population will begin to drop. The proportion of youths will decrease, but that of the adults and the elderly will increase.

The same sources added that in Cuba those over 60 years of age constitute 12 percent of the population, which is similar to the percentage in developed countries.

"The aging process of a population—if it is aware of the contribution those aged 60 or more are making—is a contribution to development more so than a problem," said Dr. Raul Hernandez, of the Center of Demographic Studies of Cuba.

Cuban official media recommends that in future years, efforts will have to be made to find solutions so that the growing number of elderly will participate in economic activities and so that they will not become a burden for the younger population. In the meantime, the Cuban state has taken over the protection of and assistance to the elderly.

ECUADOR**AIDS Cases Increasing in Guayaquil****September Deaths Total 18**

94P20053A Quito HOY in Spanish 30 Sep 93 p 1A

[Text] Victor Jurado, director of the Hospital of Infectious Diseases in Guayaquil, made a dramatic appeal to Ecuadoreans, in view of the presence of the many people infected with AIDS who are infecting countless others throughout the country.

"These patients are spreading the disease at a rate that is truly incredible, very great," said Jurado, visibly upset.

Jurado refused to reveal the number of patients who died during the month of September, but HOY has learned that it totals 18.

He emphasized the fact that neither dengue, malaria, rabies, cholera nor typhoid is the highest-risk disease or the chief cause of death in Guayaquil. "It is AIDS, the disease that is spreading uncontrollably," he said.

Government Action Advocated

94P20053B Quito HOY in Spanish 2 Oct 93 p 1A

[From the "Opinion" Column]

[Text] An alarming increase in AIDS (Acquired Immune Deficiency Syndrome) cases has occurred in the city of Guayaquil during recent weeks. The frightening disease is spreading at such a rate that, according to Victor Jurado, director of the Hospital of Infectious Diseases in Guayaquil, AIDS causes more deaths than diseases such as dengue, malaria, rabies, cholera, or typhoid.

Jurado also appealed to citizens to be careful considering the many people who are infected with the virus and therefore able to transmit it.

According to journalistic inquiries, during the month of September alone, 18 people in Guayaquil died of the disease.

It is deplorable that due to lack of education, in many cases, and in other cases due to a natural carelessness on the part of Ecuadoreans, they suddenly give up certain personal hygiene practices that help avoid the spread of social diseases.

It would be advisable that the country, through the mass media, and the government, with its resources, resume educational campaigns to confront these public health problems.

It is necessary to be persistent in the issues until a conscious change in attitudes is achieved, rather than merely alarming people for a certain time to warn them when there is an immediate danger, and then abandoning the efforts again. The problem with temporary

campaigns is that barely are they finished when outbreaks of diseases tend to recur.

The government should make an effort to confront these great public health issues, since they also constitute matters of social security, for which the state has absolute responsibility.

NICARAGUA

Rise in AIDS Cases Examined

94WE0055A Managua *LA PRENSA* in Spanish
5 Oct 93 p 2

[Article by Celso Canelo Candia]

[Text] A rapid increase in cases of AIDS in the country has alarmed officials of the Ministry of Health [MINSA]. In less than 8 months, 14 additional cases of persons infected by the virus have been detected. MINSA is therefore urging the population to put all preventive measures into practice.

Dr. Federico Aviles Brenes, director of the National Plan for AIDS Prevention and Control, says that the plague of the century is spreading faster in Nicaragua than it did in Honduras and Costa Rica.

Three years ago, Dr. Aviles Brenes points out, the rate of discovery of AIDS in Nicaragua was two or three cases a year, whereas now, this same number is being detected each month. He adds that this situation is of great concern to the authorities because the deadly virus is behaving in an "unusual manner."

"We are on the verge of a serious outbreak of AIDS, with tragic consequences," says Dr. Aviles Brenes.

Despite this rise in the rate of spread of AIDS, Nicaragua has the lowest rate, among the Central American countries, of persons infected and dead of AIDS.

The Republic of Honduras leads with 2,510 infected and 657 dead; Panama has 460 cases and 273 dead; Costa Rica, 470 infected and 148 dead; Nicaragua, 47 cases and 35 dead; Belize, 53 infected with AIDS and 46 dead.

He estimates that as many as some 12,000 seropositive persons (healthy HIV carriers who are not yet showing symptoms of the illness but who can transmit AIDS) may currently be walking about in Nicaragua.

Managua is the most affected by this plague of the century, with 32 cases of AIDS detected in the capital. Rivas has reported five, Esteli two, Leon two, Chinandega two, Madriz two, Nueva Segovia one, and Carazo one.

In the opinion of the epidemiologists, persons at high risk of contracting the AIDS virus are those who practice sexual promiscuity and drug addicts who use contaminated syringes and needles, as well as those who use blood that has not undergone control for safety.

"The Nicaraguan people do not consider AIDS a health problem. They continue to believe that this disease attacks only developed countries. And this is very dangerous because everyone is complacent," says Dr. Aviles.

According to MINSA statistical data, 22 of the 47 persons infected by AIDS contracted the virus by heterosexual transmission (sexual contact between man and woman); 10 by homosexual contact (between man and man); eight among bisexual contacts (sexual relations with men and women); five by drugs; and two by blood transfusion.

Nicaragua's first case of AIDS was reported in 1987. Since that date, 35 persons have died and 111 others have become infected, not including the 12,000 "healthy" carriers estimated to be walking the streets, who are potential transmitters of the HIV.

Dr. Aviles explained that a person can be infected today but that the virus cannot be detected for at least 3 months thereafter, and that it can take between 7 and 10 years for the virus to develop. "It all depends on the person's constitution," he added.

From the point of view of the health problem posed by HIV infection, the most important individual in the transmission of the infection is the "healthy carrier," that is, a person infected by the virus but who presents no symptoms.

"That person's healthy appearance enables him or her to remain sexually active without generating concern or suspicion of infection among his or her sexual partners; and it does not prevent that person from being a donor to the blood bank," says Dr. Aviles.

PERU

Cholera Deaths Reported on Border With Ecuador

94WP0018B Lima *EL COMERCIO* in Spanish
5 Oct 93 p A9

[Text] Iquitos, 4 October—During the past few weeks, 10 persons stricken by the cholera epidemic died in several native communities located on the border with Ecuador, approximately 700 km northwest of Iquitos.

The residents there are also attacked by malaria, hepatitis, dengue, and skin infections.

The mayor of Morona district (in Alto Amazonas Province), Roldan Shanti Alicia, reported that the deaths occurred primarily in the native community of San Juan, and in others located in the Alto Morona basin, where the population is comprised of Huambisa, Achual, and Shapra Indians.

That official told *EL COMERCIO* that those most afflicted are children, who show infectious-contagious diseases, malnutrition, and skin infections as a result of mosquito bites.

During a visit to this remote locality, which can be reached by helicopter, or after about 20 days of sailing on Amazon Region rivers, it was discovered that these fellow countrymen are totally incomunicado.

In San Juan, the president of the Loreto regional government, Jorge Sanchez-Moreno Izaguirre, recently opened a modern agricultural-livestock educational center, with the capacity to accommodate 250 students. The cost totaled \$200,000.

Mayor Shanti Alicia requested assistance from the authorities to provide medicines for the medical stations and communal first-aid stations in the 40 native communities existing in this remote area. Furthermore, cholera is showing another dangerous outbreak in the locality of San Lorenzo and other riverside settlements on the Maranon River, in the same Alto Amazonas Province. The authorities commented that the inhabitants there have neglected to adopt preventive measures.

The mayor of San Lorenzo, capital of Barranca district (situated about 231 km from Iquitos), Christian Chavez Trigoso, claimed that, in this and other hamlets in his jurisdiction, an average of 20 persons visit the health centers every day to be treated for cholera.

He explained that the resurgence of the epidemic is due primarily to the fact that the citizens in the river shore area "have virtually forgotten hygienic measures and, in many cases, act as if this disease had been completely eradicated from the region."

He reported that, with the aid of the health sector authorities and brigades of specialists in San Lorenzo, the malignant malaria epidemic that caused the deaths of dozens of inhabitants several months ago has been brought under control.

During a brief visit to San Lorenzo, a locality on the left bank of the Maranon River housing about 4,500 residents, the Loreto regional government president put a 275 kw electric generator into operation. In addition to providing a larger number of kw hours to the citizens, it will offer an impetus for small-sized industry.

Later, following a 2-hour trip by glider over the turbulent Maranon waters, the regional official, with his council, opened a health station in the hamlet of Libertad. Another dangerous outbreak of cholera was discovered in that area as well, causing the deaths of two adults during the past 2 weeks.

New Cholera Cases Total 123 in Arequipa

94WP0018A Lima EL COMERCIO in Spanish
12 Oct 93 p A15

[Text] Arequipa, 11 Oct—A total of 123 cholera cases has been reported within the past 2 weeks in the Arequipa Region, the majority of the patients coming from

the vicinity of the city and the Paucarpata and La Joya districts. This report was made by spokesmen from the Health Ministry's regional administration.

According to statistics from this office, during the week of 26 September-2 October, 170 persons with acute diarrhea symptoms were hospitalized; and 87 were diagnosed as infected with vibrio cholerae when the respective laboratory analyses were made.

It was also reported that, during the week of 19-25 September, 101 patients with stomach upsets were treated in the regional hospitals, and 36 were found to be stricken with cholera.

Another report indicated that the 87 cases detected last week, compared with last year's figure, show a 30 percent increase in the number of persons afflicted with the fatal disease. It was further revealed that the majority of infected patients are males over age 14.

The Health Ministry Regional Administration's sources disclosed that, since the appearance of the disease in Arequipa 3 years ago, only 11 deaths have occurred. They reiterated that the surge in cases of the disease is due to the rising temperature, fostering the proliferation of the bacteria.

It was also commented that between eight and 10 persons infected with vibrio cholerae are treated daily at health sector hospitals, such as the Goyeneche and Honorio Delgado institutions.

Moreover, the sources explained that there is concern among the specialists over the detection of patients attacked by the disease for the second time, although in a lower percentage.

In view of the presence of cholera, the population was advised to wash hands before eating, to boil or chlorinate drinking water, and, if possible, to avoid eating food mixtures prepared by street vendors.

TRINIDAD & TOBAGO

Health Minister Reports 2,269 Cases of Dengue

FL1911191993 Bridgetown CANA in English
1458 GMT 19 Nov 93

[Text] Port of Spain, Trinidad, Nov 19, CANA—A total of 2,269 cases of dengue have been reported in Trinidad and Tobago. Health Minister John Eckstein says.

Stating Tuesday that there was a serious problem here with dengue fever the minister reported 188 confirmed cases in the two-island state.

Eckstein reviewed the pattern of dengue in recent years and noted the greatest number of cases occurred at the same time each year - during the rainy season.

The Ministry of Health is responding to the situation, he said. The Insect Vector Control Division has started a dengue fever response programme which involves area spraying, both inside and outside homes, as well as treatment of infested containers.

Eckstein said priority was being given to areas in which laboratory cases of dengue fever existed and where the percentage of premises infested by the Aedes egypti mosquitoes was high.

A major cause of the limited success of the spraying programme was the lack of support by householders, he said.

INDIA

Poultry Hit by 'Gumbaro' Disease

93WE0568 Hyderabad DECCAN CHRONICLE
in English 10 Jul 93 p 3

[Text] Hyderabad, July 9—The poultry farming in the State has plunged into a major crisis, with the outbreak of a very complicated disease which has already claimed 18 lakh chicken since March this year. It is said this is the first time the disease, known as 'Gumbaro' disease or infectious viral disease, was afflicting the poultry of 3-15 weeks of age in a big way.

As the threat is assuming serious proportions, representatives of poultry farming met the Vice-Chancellor, Mr M.V. Appa Rao and scientists of Andhra Pradesh Agricultural University (APAU) on Friday, urging them to suggest means of tackling this problem. The Vice-Chancellor said as a short-term strategy, 'survey teams' would be sent to find out the extent of the disease and then the samples would be tested in the university to suggest guidelines to the poultry farmers. In August, a national seminar would be held here with experts from all over the country participating to evolve a strategy to control the disease.

Agriculture Ministry Fears Locust Attack From Pakistan

93WE0605A Bombay THE TIMES OF INDIA
in English 26 Aug 93 p 7

[Article: "Locust Attack From Pak Feared"]

[Text] New Delhi, August 25. Fearing a fresh attack of locust swarms from breeding areas in Pakistan, the agriculture ministry has stepped up control measures on the Rajasthan border and asked the food and Agriculture Organisation (FAO) of the UN for an emergency \$ one million (Rs 3 crore) aid.

According to ministry sources, extensive breeding of locusts has taken place in Pakistan, north of the Rann of Kutch and in the Cholistan desert in that country adjoining Jaisalmer and Bikaner districts of Rajasthan. The locust swarms had migrated from Africa to Pakistan and India in early July and settled over large agricultural tracts.

Experts here said the control measures in Pakistan were inadequate and the probability of some of the swarms migrating to Gulf countries and returning next year in menacing numbers was very high. The prompt control measures in India have saved crops worth hundreds of crores of rupees so far.

FAO experts consulted by the ministry have indicted that the situation in Pakistan was causing concern. It appears that fresh swarms may form and due to favourable north-easterly winds enter the Indian territory. If that happens, the swarms may enter Ganganagar and Sirsa region.

The agriculture secretary, Dr M. S. Gill, said the surveillance has been stepped up on the border and adequate quantities of pesticides were available there. "We are prepared to successfully control the second wave of invasion."

He said the locust control staff in Rajasthan has done a very good job and the state government machinery was fully involved in the massive operation. The state governor's adviser had attended a high-level meeting on the problem here on Monday.

Dr Gill has sent a personal message to the FAO chief Mr Eduard Souma, requesting for at least Rs 3 crores to control the pests. The FAO has also been asked to provide more equipment to spray pesticides on the swarms, wireless sets, pesticides and protective clothing for the staff.

The first batch of swarms since 1988 entered the country on July 5 from the western border through Banaskantha area of Gujarat. Till August 14, about 50 mature yellow swarms have reached the country. They have infested over one lakh square km after splitting into nearly 150 groups.

"The magnitude of the invasion was unprecedented in the last 15 years," said a senior ministry official. Experts from the ministry and Rajasthan government have managed to control all the swarms in the desert area. About 80,000 sq km of the locust-infested area has been cleared of the pests.

The control measures were not concentrated in the remaining 20 to 30,000 sq km. Over 95 per cent of the hoppers have been neutralised till today. Apart from the permanent staff of 329 who are part of the locust control division, 356 additional persons have been deployed for the purpose.

Nearly 50,000 litres of malathion, a pesticide, has been bought for the operation and 157 vehicles have been deployed in the infested area.

Five specialised aircraft are engaged in control operations by spraying pesticides. While two aircraft and a helicopter are involved in daily control measures, two others are kept ready for emergency operations in Gujarat.

The swarms usually migrate during the night and settle down over crops before dawn. Apart from spraying, the locusts swarms are attracted into specially-dug trenches and then killed.

The ministry has also sanctioned an additional Rs 5 crores last month to improve the infrastructural facilities for locust control operations in the area and set up a satellite centre to process data on the movement of swarms there itself.

Locusts belong to the family of grasshoppers and need moist soil for egg-laying, the growing ones feed on fresh vegetation. They breed profusely during rainy periods

and migrate in swarms in search of food and more breeding places. This year, the swarms were active in Saudi Arabia, Yemen, and Somalia.

The locust plague of 1988 was the worst in recent decades and it covered an area from Cape Verde in the Atlantic to Pakistan and India, affecting some 43 countries. In the last two decades, over \$450 million were spent on fighting the originating area—the Sahel region of Africa stretching from Mauritania in the west to the Horn in the east.

IRAQ

Narcotics Smuggling Projects, AIDS Cases Reported

NC1511191593 (*Clandestine*) *Voice of Iraqi Islamic Revolution in Arabic* 1430 GMT 15 Nov 93

[Text] Informed sources and witnesses recently said that 'Udayy and Qusayy, tyrant Saddam's sons, are supervising a project to plant and smuggle drugs. Witnesses confirm that vast areas of land along the highway in the (al-Haswah) area in Babil Governorate have been allocated to carry out this new criminal project.

On another level, informed sources affirmed that 75 cases of Aids have been discovered in Baghdad alone. The sources said that the victims of this disease have been quarantined in a hospital in the capital to prevent the spread of the news and the disease. It is clear that these cases are a natural result of the deliberate policy of corruption and moral degeneration

Health Ministry Details Embargo-Related Fatalities

Sharp Rise in Child Fatalities

JN2010174093 *Baghdad INA in English* 20 Oct 93

[Text] Baghdad, Oct 20, INA—The Ministry of Health has recently released a report on mortality rates among Iraqis whose age ranges from under five to over fifty. The report said the deaths were caused by diarrhoea, pneumonia, and malnutrition in September 1993. The statistics indicate a sharp increase in the said rates if compared to pre-war period.

According to the ministry, the under five mortality rate caused by diarrhoea increased from 123 in September 1989 to 1,712 in September 1993. Pneumonia was the cause behind increasing the mortality rate from 69 in September 1989 to 793 last month among children under 5 years while malnutrition raised the rate from 67 to 1,672 for the same period.

As for mortality rate among people over 50, the statistics indicate that hypertension caused 274 deaths in September 1993 which means a 158 percent increase if compared to the number of deaths in September 1989.

Deaths as a result of diabetes increased from 73 to 179 while deaths caused by malignant tumors increased from 260 to 762 in September.

Meanwhile, Minister of Health Dr. Umid Midhat Mubarak has said the U.S.-inspired embargo on Iraq caused a four-fold increase in mortality rate among Iraqi children.

Dr. Mubarak added that fatalities among children have risen sharply because of the acute shortage of food and medicine caused by the UN sanctions.

He stressed that statistics of his ministry and UNICEF (UN Children's Fund) recorded 25 deaths per 1,000 live births in 1990 in comparison with 92 deaths per 1,000 live births in 1992.

Dr. Mubarak went on to say that mortality rate among children under five has recorded a noticeable increase in post-war period. Noting that a sharp increase in Typhoid, Viral Hepatitis and diseases of the respiratory tracts has been recorded during the past 3 years.

The minister said that the economic blockade and severe malnutrition have caused a sharp rise in the cases of Measles, Marasmus and Kwashiorkor (severe tropical disease of children whose diet does not contain enough protein).

Dr. Mubarak elaborated that the war and the sanctions have greatly affected nutritional status of Iraqi children. "A large number of children are currently suffering from severe malnutrition due to lack of food and milk," he said.

Meanwhile, a well-known Iraqi doctor said that 25 percent of deaths among children in Iraq are caused by acute respiratory infections. She said most children who are admitted to hospitals have respiratory infection.

Iraq, in cooperation with UNICEF, has launched a medical campaign to control the increase in respiratory infections. The campaign is meant to reduce the respiratory infections by 25 percent by the year 1997.

However, according to Iraqi physicians, the campaign fell short of medicine and vaccines because of the U.S.-inspired trade sanctions.

Further Statistics From Health Ministry

JN1011190893 *Baghdad INA in English*
1400 GMT 10 Nov 93

[Text] Baghdad, Nov 10, INA—A recent report by the Ministry of Health has pointed out that fatalities among Iraqi people over the past month of October have risen sharply because of acute shortages of food and medicine emanating from the ongoing 3-year-old trade sanctions imposed on the country.

The report indicated that some 5,071 Iraqi people have died over the said period because of the continuation of

the unjust economic embargo that deprived the Iraqi people of good and medicine.

According to the report, some 3,760 children under the age of five perished because of diarrhoea, malnutrition and pneumonia, while some 1,311 people over the age of 50 died because of diabetes, hypertension and malignant tumours.

The ministry's report noted that during October 1989, a year before the imposition of sanctions, the number of sanctions, the number of children struck by malnutrition-related diseases was 73, whereas the number of children fatalities over the same period in 1993 reached some 1,617 scoring an almost a 2115 [as received] percent increase.

Moreover, the report showed that diarrhoea has claimed the lives of 106 children under the age of five over the month of October 1989 in comparison with some 1,316 deaths recorded during the same period in 1993, that is some 1141.5 percent increase.

Likewise, the number of children fatalities because of pneumonia during October 1993 recorded a sharp increase of 789 percent, the report pointed out, indicated that the number of deaths registered during October 1989 was only 93 in comparison with some 827 deaths for the same period in 1993.

As for patients who suffer from chronic diseases, the report noted that hypertension, diabetes and cancer were the main causes of the death of some 1,311 people.

According to the ministry's report, some 123 people died because of hypertension over the month of October, 1989 in comparison with 342 who died over the same period in 1993, recording an almost 178 percent increase over 1989's figure.

In the meantime, fatalities caused by diabetes have registered a sharp rise in October 1993, said the report, noting that some 150 people have died over the month of October 1993 compared with some 65 ones for the same period in 1989, scoring an increase of 130.8 percent over 1989's figure.

According to the report, some 819 people suffering from malignant tumours have died during October 1993 compared with some 206 ones over the same period in 1989.

The cause of the sharp rise in deaths is blamed on the inadequate radio [as received] therapy received by patients who suffer from malignant tumours as a result of shortages of medicine caused by the embargo.

According to an earlier report issued by the nuclear and radioactive therapy hospital, the hospital's departments face sharp shortages of chemical and hormone medicines.

The absence of cobalt radioactive element needed for the treatment of malignant tumours has hit plans to care for people in bad need for radio therapy.

Judging from statistics and surveys released by the Ministry of Health, the number of Iraqis who have died as a result of the post-war sanctions is more than that during the actual battle. The UN sanctions have crippled health care and shrunk food supplies.

Long range health plans to combat certain epidemics crumbled during the past 3 years as lack of funds and necessary medical supplies made it impossible for health officials to continue the programme.

YEMEN

Health Minister on AIDS, Budgets, Pharmaceuticals

93WE0576A Doha AL-SHARQ in Arabic 24 Aug 93 p 5

[Interview with Dr. Najib Ghanim, Yemeni minister of health, by Muhammad al-Urayqi, in Sanaa, date not given: "Qatar Previously Offered Health Aid to Yemen"; first two paragraphs AL-SHARQ introduction]

[Text] In the recent past, concerns have been concentrated in Yemen on the performance of the health sector, especially after the alarming appearance of certain contagious diseases in the middle of this year, including deadly cholera. Yemeni public opinion is looking hard at the Ministry of Health and its responsibilities, and has called on it to counteract those diseases. This matter then shifted to the House of Representatives, which formed a committee to evaluate health conditions. This committee made several recommendations, including the need to expedite support for the health sector through additional appropriations to counter the contagious diseases that the summer season has helped to spread. All these issues have landed on the desk of Dr. Najib Ghanim, who was recently appointed to head the Health Ministry in the Haydar al-'Attas Government. So far, Dr. Najib has been successful in leading this sector toward overcoming many of its numerous problems.

AL-SHARQ met with Dr. Ghanim and attempted to learn about some of these problems by means of the following interview:

Al-'Urayqi: Some time ago, incidents of cholera were announced in Yemen. How many cases are there, and what has the Ministry of Health done to eliminate this disease?

Dr. Ghanim: There are some cases registered so far by agencies concerned in certain governorates. This has indicated a cholera epidemic there. We have published a pamphlet containing the details concerning this, but the rates of affliction are not known world-wide. This means that the situation is not bad. We hope to overcome it shortly, God willing.

Al-'Urayqi: Does this mean that the specter of fear about this epidemic has passed?

Dr. Ghanim: We cannot say that we have ended this epidemic. Therefore, we have drawn up a plan to combat it. We have a program of treatment and counter-infection. These two things will work together. There is another plan to investigate the epidemic. This means to seek out places where contagion exists and eliminate it on the spot. We intend to implement a comprehensive national plan during the winter. When the cases subside, we will activate the epidemic investigation and eliminate places of contagion through disinfecting sources of water and infected places. For now, we are preoccupied with counter-treatment and offering the required treatment.

Our pamphlet points out that cases of cholera this year totaled about 7,000, most of which were concentrated in the governorates of Ibb and Ta'izz. The first appearance of cholera in Yemen was in the town of Kashan in the governorate of al-Mahrah in 1990, in one of the immigrant camps after the Gulf War.

Indigenous Diseases

Al-'Urayqi: It is well known that there are many types of indigenous diseases in Yemen, such as bilharziasis. Does the ministry have a plan to eliminate them?

Dr. Ghanim: Projects are now being crystallized in the ministry, including a project to combat bilharziasis, an anti-malaria project, an AIDS project, and projects for tuberculosis, infections, and diarrhea. These projects have been submitted to the ministry and we are in the process of implementing them.

AIDS

Al-'Urayqi: Mentioning AIDS, have AIDS cases been recorded in Yemen?

Dr. Ghanim: Cases coming from the Gulf. The required measures have been taken.

Al-'Urayqi: How many recorded cases?

Dr. Ghanim: So far, about 40.

Al-'Urayqi: How did you discover those afflicted?

Dr. Ghanim: Most of them, or more than 90 percent of the 40 cases, are non-Yemeni persons. Most of the cases brought medical reports with them indicating their problem. For the most part, they were diagnosed abroad.

Here at home, tests were made by taking blood samples and conducting tests. There are specific methods to confirm AIDS patients.

Al-'Urayqi: Are all those who come to Yemen tested for AIDS?

Dr. Ghanim: No, not all who come to Yemen are tested, but we have a plan to carry out programs at Yemeni international gateways, such as ports and airports, to look for serious diseases, headed by the AIDS disease.

Additional Appropriations

Al-'Urayqi: The House of Representatives has appropriated supplementary credits for the Ministry of Health to fight the contagious diseases that have recently appeared. How has the government responded?

Dr. Ghanim: We have drawn up a plan and submitted it to the Cabinet concerning the request for additional credits to fight diarrhea. The prime minister sent clear directions to the Ministry of Finance, and officials in that ministry have asked for the plan's details and financial distribution. We are now in the final stages of the disbursement process.

Rural Health Services

Al-'Urayqi: One notes the concentration of health services in the principal cities, while the rural areas lack such services. Will health services be channeled to the countryside?

Dr. Ghanim: With regard to rural health services, there are several health centers, some of which are closed as a result of a lack of funds to operate those centers. Our plan now is to refit the closed health centers so that we can open and begin to operate them. We are also developing and upgrading the medical performance of existing centers. By these two means, we can carry out services that will upgrade the health situation in rural areas as a step forward.

Al-'Urayqi: But one notes that these centers lack cadres of doctors and nurses, and certain other requirements. How will you overcome these problems?

Dr. Ghanim: That is correct. We are working to bring them up to snuff and make available material and human resources for these centers.

Al-'Urayqi: Why do doctors refuse to work in rural areas and prefer cities?

Dr. Ghanim: We have a clear plan for the matter of working in rural areas. We shall train and qualify workers in the countryside and enhance their performance through higher studies here in Yemen and, when they are highly qualified, we will redistribute them in rural areas. The matter of many doctors not being enthusiastic about working in rural areas has created the present situation there. In some areas, the minimum necessary requirements for life are not available. This is a factor, and another factor is the lack of clear incentives to serve in rural areas in health fields. We are presently completing legal measures to establish incentives that will encourage the health cadres to work in rural areas. Moreover, we will highly train the health cadre and, later, will distribute these specialists throughout the country.

Al-'Urayqi: Does this mean that there is no law requiring work in rural areas?

Dr. Ghanim: There is a law to serve in rural areas for one year, but this is inadequate.

Al-'Urayqi: What is the role of the Medical College in supplying the health sector with a qualified cadre?

Dr. Ghanim: A positive and laudable role. It carries out a specific program to graduate doctors with a baccalaureate degree. The Ministry of Health has a program to qualify doctors beyond the baccalaureate with higher studies, by means of preparing information on various medical specialties.

Al-'Urayqi: Some have made the observation that the hospitals in which Medical College students train do not provide an appropriate atmosphere for them to pursue this training. What is your view regarding this?

Dr. Ghanim: There are some administrative and technical problems. Sometimes, interference and excesses of treatment occur between the academic medical cadre and the professional medical cadre, who are subordinate to the Ministry of Health. Sometimes, technical and administrative problems are caused by interference in jurisdictions and rivalry among various departments. We have issued a ministerial decision that stipulates that all operating, open hospitals in the capital area will be teaching hospitals, and must open their doors to medical instruction for students of the Medical College and health services in various of its specialized branches. This ministerial decree will be implemented in detail in the coming school year.

Al-'Urayqi: Certain hospitals suffer from a shortage of male and female nurses, which causes hospitals to import these cadres from abroad. Is there a plan to expand the training of male and female nurses?

Dr. Ghanim: We are currently studying the conditions of medical institutes charged with qualifying this middle-level technical and health cadre. We are thinking of changing these institutions into health colleges, so that we can graduate larger numbers of these health team members.

Investment in Health Sector

Al-'Urayqi: Can the private sector invest in the health field?

Dr. Ghanim: Yes. We welcome and encourage investment in this sector. Activities in the health sector are vital. Investment can help to promote health services in Yemen. Our doors are open wide to national, Arab, and foreign capitalists to work for this sector, either through offering treatment services, establishing private hospitals or factories for pharmaceuticals and medical requirements, or any other investment activity in this sector.

Foreign Support

Al-'Urayqi: There are certain organizations and countries that participate in supporting the health sector. How do you evaluate this assistance?

Dr. Ghanim: We have many international organizations operating in Yemen that support the health sector. The most prominent are the world health organizations—UNICEF. There is also assistance from other German, Japanese, Dutch, and American organizations. With regard to our brothers' support, it is tangible and laudatory. Our brothers in Saudi Arabia have established two new hospitals: the first was built in Aden, and the second in Hajjah. We are completing the technical aspects of operating those two hospitals. This was done through the generous efforts of our Saudi Arabian brothers, who have also participated in establishing several health centers and facilities. They are currently managing the al-Salam Hospital in Sa'dah. We hope our brothers in Saudi Arabia will expand areas of technical and medical cooperation in the health field.

As for our brothers in Qatar, they have already offered considerable health assistance. A delegation from the Ministry of Health in Qatar recently visited Yemen to break ground for a Gulf hospital which, God willing, will be implemented soon. We also expect expanded health cooperation with our Qatari brothers. I think that there are broad areas for cooperation with Arab brothers in the health sector.

Treatment Abroad

Al-'Urayqi: One notes that a large number of patients go abroad for treatment. What are the reasons and motives to seek treatment outside of Yemen?

Dr. Ghanim: The fourth level of treatment services is higher medical specialties. There are problems with this in Yemen as a result of the problems that exist at the present time on the third level, i.e., medical services in general hospitals. This has generated a lot of problems that have caused Yemenis to go abroad for treatment on higher medical levels. We are now proceeding objectively and logically. We must be concerned—first—with reforming second level conditions, that is the health centers operating in rural areas and the health centers operating in the cities. We are also pursuing reform of the third level, the general hospitals operating in the city and various Yemeni towns. When we achieve this, and we are getting close, we will begin to concentrate on establishing certain higher specialized centers. In sum, these measures will lead to reducing the reasons that cause people to go abroad for treatment.

Al-'Urayqi: How much do Yemenis spend for their treatment abroad?

Dr. Ghanim: Indications are that about 35,000 Yemenis go abroad for treatment each year. They will spend nearly \$300 million. When Yemen begins to establish advanced centers, such as centers for heart disease, open

heart surgery, kidney transplant—kidney failure—cancer, all of this will absorb a large number of those who go abroad for treatment.

Pharmaceutical Manufacture and Trade

Al-'Urayqi: Yemen manufactures certain kinds of pharmaceuticals. How many are produced locally, and how many must be imported?

Dr. Ghanim: The Yemeni Pharmaceutical Manufacturing and Trade Company has a large plant. They now make more than 100 kinds. There are some private organizations that will build plants to manufacture drugs in Yemen. For our part in the Ministry of Health, we are thinking about preparing certain basic pharmaceuticals to supply maternity and children's clinics, as well as health centers in cities and rural areas.

Yemen imports \$10 million worth of pharmaceuticals that are not manufactured locally. Yemen is a large market for pharmaceuticals. There is a fertile area for investment, if this field is entered. Local manufacturers account for 25 percent, while 75 percent is imported from abroad.

Al-'Urayqi: How do you monitor local manufacture and the importation of pharmaceuticals?

Dr. Ghanim: We, in the Ministry of Health, supervise the Yemeni Pharmaceutical Manufacturing and Trade Company and any private pharmaceutical organizations from the technical aspect. With regard to imported drugs and medicines, the matter is considered commercial and not manufacturing.

Manufacturing is done solely by the Yemeni Pharmaceutical Manufacturing and Trade Company. As for commerce, we have an agency concerned with pharmaceutical control through a public office for medical supply. They supervise the granting of licenses to pharmacists, drugstores, and pharmaceutical dealers.

Herbal Treatment

Al-'Urayqi: Currently, many people are inclined toward treatment by herbs. What is the ministry's position regarding this matter?

Dr. Ghanim: We encourage this kind of treatment. We will be completing technical specifications to regulate the job of circulating and treating by medicinal herbs. Centers have been opened for trade and manufacture, but this requires the completion of many technical aspects. As a result, we now lack expertise in this area. We are asking certain specialized authorities to send us experts to complete work in this sector.

REGIONAL AFFAIRS

Republics Manufacture Previously Imported Drugs

[Editorial Report] Former Soviet republics are beginning to produce pharmaceuticals they previously imported. Several republics have established programs to develop indigenous pharmaceutical industries.

Under orders from the Russian Health Ministry to manufacture medications formerly supplied by Ukraine, Belarus, and the Baltic republics, the Khabarov Pharmaceutical Plant has begun production of five new medications for treatment of cardiac disorders, asthma, and disturbances of cerebral blood circulation. Production is unstable because of financial difficulties. (Moscow NEZAVISIMAYA GAZETA 29 Dec 92). A private firm, the Association for Disposable Medical Articles and Goods for Domestic Consumption (ARMI i TNP) is building a plant for production of medicines and medical equipment (Moscow IZVESTIYA 27 May 93). Construction has started on a Tyumen facility planned to manufacture 12 million glass and polyethylene flasks of infusion solutions and over a billion tablets, capsules, and dragees annually. The enterprise was designed with the help of German specialists and is being built by the Yugoslav firm Energoprojekt (Moscow FEDERATSIYA 15 Apr 93). The Russian firm Ferreyn is expanding its production and anticipates sales of 10 billion rubles in 1993 (Moscow TRUD 10 Feb 93).

In hopes of meeting local needs and exporting excess production, Moldova is looking to foreign partners for the construction of new pharmaceutical plants. The Indian firm Kadila has given credits for a new facility in Kishinev for production of such scarce drugs as cardiac, asthma, and allergy preparations. The German firm Frenzenius is building yet another plant (Moscow DELOVOY MIR 20 Mar 93).

In Ukraine, the Zdorovye Pharmaceutical Firm in Kharkov produced \$1 million worth of previously imported pharmaceuticals during the first quarter of 1992. At the same time, the Kiev Scientific Research Institute for Cardiology began to manufacture disposable transfusion systems and developed prototypes of new sutures and needles for heart valve surgery (Kiev RABOCHAYA GAZETA 23 Jun 92).

The Kazakhstan Government has tasked the new Kazfarmbioprom concern with developing the republic's pharmaceutical industry, which up to now has supplied only 35 percent of Kazakh drug needs. Kazakhstan has signed agreements with Turkey, Egypt, and India to create joint pharmaceutical enterprises and is now contemplating the purchase of two plants for production of infusion solutions from Swedish firms (Alma-Ata KAZAKHSTANSKAYA PRAVDA 25 Sep 92).

The Belarus Council of Ministers has created a Committee on the Pharmacological and Microbiological Industry to increase the production and variety of

pharmaceuticals manufactured in the republic. The entire pharmaceutical industry, including scientific research, medical, and biotechnology institutes, has been subordinated to the new committee. Three new pharmaceutical plants are under construction, and older factories are being renovated for production of drugs previously supplied by other CIS republics and Europe. Belarus plans to cooperate with other CIS republics in this field and to seek aid in procuring raw materials from Russia and Ukraine (Moscow MEDITSINSKAYA GAZETA 7 Oct 92)

Finland Warns on Health Situation in Estonia, Russia

94WE0011A Helsinki HUVUDSTADSBLADET
in Swedish 1 Oct 93 p 6

[Article by Mardy Strom: "Expect Risk of Infection on Trips to the East"]

[Text] Infectious diseases in the former Soviet Union are a health risk for Finland because of today's tourist traffic. About 200,000 Finns visit Russia annually, and the flow of tourists to Estonia is at least 10 times that figure.

But the risks vary depending on the kind of contact one has. Finnish immunization protection, our social conditions, and our health care system prevent epidemics from reaching us, according to the Public Health Institute.

On the other hand, travelers to Russia in particular are warned that the risk of infection is real. In general, however, it can be avoided to a great extent.

The Public Health Institute divides the risk groups into only two classes.

First, lengthy stays in the country involve a considerable risk of infection with diphtheria, gonorrhea and chlamydia, hepatitis A, salmonella, and dysentery.

People who stay for a long period are urged to be sure in plenty of time that their immunizations are up to date. Other risk factors are casual sex partners and unhygienic restaurants and stores. Familiarity with the language is emphasized so that notices in Russian will be understood. It is also a good idea to have working contact with a medical provider on the spot.

Second, there is also reason to be careful during shorter visits even though the only significant risk mentioned by the Public Health Institute is food poisoning—unless one is a "sex tourist." Naturally, the danger of food poisoning is greatest during the warm season.

For safety's sake, short-time tourists should have their diphtheria, polio, and tetanus shots renewed at least every 10 years—and some authorities recommend polio booster shots every 5 years.

The Public Health Institute also warns that banquets in a home setting can lead to unpleasant surprises. It is preferable to drink only bottled water.

Meeting Russians here in Finland is practically risk free, provided that one does not enter into casual sexual adventures and that the visitor does not fall ill.

Visits by Russians therefore do not require that Finns be immunized. On the other hand, there is a slight risk of diphtheria for very young children if the guests kiss them.

Finns who do not come in contact with Russians are in no greater danger of infection now than they were before contacts with our eastern neighbors became more frequent. For this group, neither immunization nor any other precautions are needed, according to the institute.

How widespread are the diseases in the East that we now have to reckon with?

Diphtheria

The WHO is afraid that the rising number of diphtheria cases recorded in Russia is just the start of a larger epidemic. While four new cases per month were being reported in St. Petersburg in 1990, the number was up to 150 in March and to 200 per month in August.

There is now an epidemic in St. Petersburg and Moscow. The situation is better in other parts of Russia, although it may be that information is incomplete. The situation in the Baltic states is under control.

The disease is spread by saliva and droplet infection, but not as easily as influenza.

The risk is greatest for unimmunized visitors to Russia. The risk of being infected by contact with returning tourists is very sporadic. Travelers are urged to be sure that their immunization is up to date—it should be renewed every 10 years.

Among Finnish children, 99 percent have basic protection. Further measures are not required.

Hepatitis A (Jaundice)

Compared to the probability of getting this disease in Finland, the risk is 100 times greater in Russia and 50 times greater in Estonia. Local epidemics are occurring.

Older people have better protection than the young. Among individuals born between 1958 and 1963, only 0.3 percent carry antibodies.

A vaccine exists, but it costs about 500 markkas per person. Gamma globulin also provides protection, but only temporarily.

Improved water sanitation is required to combat the disease, which can also be spread by food.

Food Risks

Salmonella constitutes a special danger in the case of food.

Be careful of eggs, milk, and chicken. About 300 cases of salmonella per year are now traceable to Russia, while another 200 originate in Estonia.

The risk of an epidemic is increasing. Food controls have deteriorated.

Dysentery is much more common than in our country and is due to poor toilet hygiene.

Venereal Disease

Individuals stricken with venereal disease often contract several diseases at the same time. The incidence of gonorrhea and syphilis is from 10 to 20 times higher than in Finland. So far, HIV infections are less prevalent than among us.

They are spread by casual sex partners and commercial sex, mostly in St. Petersburg and Tallinn. Finns do not realize how great the risk is.

Tuberculosis

Statistics indicate that the incidence of tuberculosis is from two to three times higher and possibly higher than that.

The lack of drugs for treating tuberculosis may eventually result in more resistant bacteria. But the problem is not expected to become as serious as it is in the United States. Tuberculosis in Russia occurs mostly among social outcasts such as alcoholics. In our country it is detected by early diagnosis.

Trichinae

These are very common in bears, wild boars, and so on. A risk exists for those who hunt and eat uninspected meat. Finns are in the risk zone, for example, if they attend banquets in Russia or Estonia. The disease causes muscle pain, among other things, but is not especially dangerous.

Rabies

In Russia and Estonia, this disease is very common among beasts of prey such as foxes and raccoon dogs. It does not occur in wild animals in Finland.

It is an expensive disease to treat. Access to vaccine for humans who have been bitten by animals is inadequate in Russia and Estonia.

Epidemics of children's diseases are also common on the other side of the eastern border. The risk that such diseases will spread here is high particularly among people who do not have their children immunized.

RUSSIA

AIDS in Russian North

93WE0520B Moscow LESNAYA GAZETA in Russian
15 May 93 p 1

[Article by Yu. Samsonenko, LESNAYA GAZETA correspondent, Tomsk Oblast: "AIDS Is Taking Over the Russian North"]

[Text] For a long time, Tomsk residents have been expecting this to happen sooner or later, some with panicked shudders, others with a feeling of irreversibility. And now the far from glad tidings have spread about an officially recorded HIV carrier in this oblast's cities and villages.

In commenting on this fact, A. S. Chernov, chief physician at the AIDS Prevention and Control Center, reported that Omsk is the only oblast in Siberia that is free of HIV infection, and it along with 25 other administrative territories of Russia (out of 75) are models of fortitude.

In Tomsk oblast, the administration has approved on an emergency basis a comprehensive program for AIDS control covering a period up to 1995, and perhaps this is enough time for the the community of scientists and physicians to put an end to the calamity that has befallen us.

First AIDS Patient in Sakhalin

93WE0520D Moscow RABOCHAYA TRIBUNA
in Russian 26 May 93 p 2

[Article by Boris Reznik, IZVESTIYA correspondent, South Sakhalinsk: "AIDS Has Traveled All the Way to Sakhalin"]

[Text] The first AIDS patient has been detected in South Sakhalinsk. He was a relatively young man who had never traveled abroad.

That is all that was reported about the patient at the Oblast Center for AIDS prevention and Control. The rest is a doctor-patient privilege.

The virus of the "plague of the 20th Century" was detected when the patient visited the rayon polyclinic for a quite different and insignificant illness. At present, physicians are investigating this first patient's contacts. Incidentally, a correction must be made: first officially detected HIV carrier. In the opinion of specialists, there are up to 10 undetected cases for each one that is found.

Outbreak of Diphtheria; Situation Remains Serious**Official Gives Details of Cases, Deaths**

LD0511202193 Moscow Mayak Radio Network
in Russian 1345 GMT 5 Nov 93

[Excerpt] Commenting on a new outbreak of diphtheria in a Moscow hospital, Yuriy Mikhaylovich Fedorov, a Russian Federation State Committee for Sanitary and Epidemiological Oversight official—described as the committee's chief expert—said, among other things, that the number of cases over the first 9 months of the year had increased by a factor of 3.5 in relation to the same period last year, and that currently it amounts to 7,628 cases, of which 1,980 are children. He went on to say that over the first 9 months of the year, 257 people died, of whom 52 were children. [passage omitted]

State Committee Chief on Combating Epidemic

PM1011091193 Moscow ROSSIYSKAYA GAZETA
in Russian 9 Nov 93 First Edition p 1

[Interview with Yevgeniy Belyayev, chairman of the State Committee for Health and Epidemiological Oversight, by Ruslan Ignatyev; date and place not given: "Three Billion for the Fight Against Diphtheria"—first paragraph is introduction]

[Text] A draft resolution on the allocation of around 3 billion rubles [R] for the fight against diphtheria has been submitted to the Russian Government. ROSSIYSKAYA GAZETA's special correspondent asked the chief public sanitary inspector, Yevgeniy Belyayev, chairman of the State Committee for Health and Epidemiological Oversight, to talk about the situation connected with the spread of this dangerous illness.

Belyayev: We have never before had such an outbreak of the diphtheria disease in our country. In the first 9 months of 1993 alone 7,628 cases were recorded. In comparison with the same period last year the number of cases has increased by 250 percent. Unfortunately, 257 people have died. Of these 52 were children. The situation remains serious to this day.

Ignatyev: Yevgeniy Nikolayevich, which regions have recorded the largest number of patients?

Belyayev: Such regions of Russia as St. Petersburg, Moscow, Maritime and Krasnoyarsk Krays, Leningrad, Orel, and Tyumen Oblasts, and other regions of the country have been most unfortunate in this respect. Moreover, adults are affected most. They constitute 74 percent of the total number of patients. Though a growth in the number of cases among children is also now being observed.

Ignatyev: What measures are being taken to halt the spread of diphtheria?

Belyayev: A decree on the mass immunization of the population against this illness has been issued. In the course of 1993-1995, 75 percent of adults will have to be inoculated. A letter has been dispatched to the localities instructing them to carry out this procedure as a matter of priority with persons from high-risk groups, especially in the major cities. But this work that is so essential is being held up. There is a shortage of antidiphtheria preparations. Serum is in very short supply.

Ignat'yev: What do you see as the solution?

Belyayev: A government draft [as published] on the allocation of around R3 billion for the battle with diphtheria has now been prepared. The document has already arrived in the Council of Ministers and the necessary official stamps have been received. A resolution from the premier remains to be received. If this decision is adopted, some of the money will go to purchase the necessary preparations, and some to develop production. But for the time being we have to operate with a shortage. An operations headquarters has been set up. We are working in conjunction with the Russian Ministry of Health.

Ignat'yev: Could the spread of diphtheria have been prevented and victims avoided?

Belyayev: Our committee, the Russian Ministry of Health, and the Academy of Medical Sciences drew up earlier a federal program which provided for a number of serious measures. The government approved our proposals. The document was submitted for examination by the Russian Federation Supreme Soviet. However, the legislative power delayed... Now the program has been returned to the Council of Ministers. It can be ratified only by edict of the president.

Spread 'Becoming Critical'

PM1511145593 Moscow *IZVESTIYA* in Russian
13 Nov 93 First Edition p 2

[RIA report: "In Nine Months Nearly 8,000 Diphtheria Patients Have Been Hospitalized"]

[Text] The situation with regard to the spread of diphtheria in Russia today is not simply tense—it is becoming critical: The disease rate has increased drastically in 17 regions of the country.

"The epidemic could also flare up on other territories"—that is the pessimistic forecast made by Mikhail Narkevich, a leading expert at the Russian Health Ministry. He said that over the first 9 months of this year nearly 8,000 patients were already hospitalized. The disease is lethal to one in 25. Scientists believe that a new, more aggressive type of diphtheria bacterium has appeared.

Spassk-Dalny Registers Outbreak

OW1811153693 Vladivostok Radio Vladivostok
Network in Russian 0320 GMT 16 Nov 93

[From the "Lunch Hour Break" program]

[Text] The local authorities in Spassk-Dalny took the step to extend school vacations by a week, due to an outbreak of diphtheria. More than 40 people in Spassk, mainly school-age children, have already been hospitalized because of this diagnosis. The heads of city and the rayon administrations have ratified and signed a decree on measures to combat the diphtheria. [Words indistinct] will begin mass inoculations of the population, however, medical establishments are experiencing an acute shortage of quality anti-diphtheria vaccine.

'Catastrophic' Hepatitis Outbreak in Sakhalin

93WE0520E Moscow *TRUD* in Russian 30 Apr 93 p 1

[Reported by BETTA and Postfactum information agencies: "Under the Banner of Hepatitis Control"]

[Text] The residents of the Sakhalin village, Makarovo, will celebrate the First of May by fighting the hepatitis epidemic caused by decomposition of a cattle burying ground. As established by the staff of the rayon sanitary and epidemiological station, the hepatitis epidemic in this region has reached catastrophic proportions, and the number of cases has reached 82 cases to date.

Cholera-Like Disease Detected in Russia

93WE0520H Moscow *KOMSOMOLSKAYA PRAVDA*
in Russian 4 Jun 93 p 1

[Article: "The Threat of an Unprecedented Cholera Epidemic Is Looming Over Russia"]

[Text] Two cases of a new type of cholera, against which there are still no means of control, have been recorded in Russia.

As reported to us at the Sanitary and Epidemiological Station of the Russian Federation Ministry of Health, last week WHO reports were received about an outbreak of a new cholera-like disease in India. At the same time, two clinical patients appeared at a Rostov Hospital, whose symptoms resembled cholera, but the old testing methods did not confirm this diagnosis. As it was learned, the victims had returned several days earlier from a tour of India....

The disease occurs in serious clinical forms. Thus far there are no means of controlling or detecting it. At present, the leading Russian scientists are working on the virus.

**State Committee: Epidemiological Situation
'Unfavorable'**

*LD1810172093 Moscow ITAR-TASS World Service
in Russian 1003 GMT 18 Oct 93*

[By ITAR-TASS correspondent Anna Bakina]

[Text] Moscow, 18 Oct—The sanitary and epidemiological situation in Russia is unfavorable—this is the conclusion drawn by the Russian State Committee for Sanitary Epidemics Supervision, which has analyzed reports from the sanitary services of all the country's regions over nine months. In this connection the head of the State Committee's epidemics department Yelena Kotova gave an interview to an ITAR-TASS correspondent and reported the following:

Typhoid. The number of cases has risen by 132 percent in comparison with the same period last year. The two largest outbreaks were in Daghestan and Volgodonsk; 621 people were affected. The cause was accidents in the water supply networks.

Dysentery. The number of cases has risen by 20 percent. Twenty-five outbreaks have been registered, mainly in Astrakhan and Leningrad regions, Kalmykia, Khakassia, Komi, and North Ossetia; 2,400 people were affected.

Diphtheria. The disease rate is taking on the nature of a severe clinical epidemic. Just since the beginning of the year 5,888 people suffered from the disease in Russia, and 129 of these died. The majority of those affected are adults.

Measles and whooping cough. The number of cases has risen by 200 percent and 29 percent respectively.

Cholera. Twenty-one cases of the disease and eight carriers have been registered. Of these 16 sufferers and five carriers brought the disease from India and Pakistan.

Committee Chairman Worried by State of Nation's Health

*PM1611102793 Moscow ROSSIYSKIYE VESTI
in Russian 12 Nov 93*

[Unattributed report: "Russian State Committee for Sanitary and Epidemiological Supervision Concerned Over Children's Health"—from the "Retsept" section p i]

[Text] The Russian State Committee for Sanitary and Epidemiological Supervision [Gossanepidnadzor] has expressed extreme concern over the state of health of Russians, especially children. In the words of Gossanepidnadzor Chairman Yevgeniy Belyayev, in the first 9 months of this year the number of cases of measles in Russia has increased by 320 percent in comparison with the same period of last year, cases of whooping cough by 29 percent, and cases of epidemic parotitis by 31 percent.

There were 10 outbreaks of dysentery, abdominal typhoid, hepatitis, and salmonella recorded in the country in 1993, as a result of which around 7,000 people fell ill. Diphtheria has reached epidemic proportions: The number of people suffering from this infection has reached 5,000; around 300 have died, including 50 children.

This situation, in Yevgeniy Belyayev's opinion, has been brought about by the unsatisfactory state of the environment, a reduction in the immunity levels of Russians, the low level of inoculation among adults and children, and a shortage of vitamins and preventive medicines. According to the information of the "Kedr" constructive ecological movement, which actively cooperates with the country's sanitary and epidemiological services, around 60 million Russian citizens today live in conditions permanently exceeding the maximum permissible concentrations of noxious substances. Levels of atmospheric pollution exceeding the maximum permissible concentrations by a factor of 10 are periodically registered in more than 80 cities and industrial centers. Around 28 cubic km of contaminated effluent are discharged into Russia's water reservoirs each year, of which 8.4 cubic km have not been purified. Highly toxic organic compounds, heavy metal salts, phenols, and petroleum products are discovered in water sources.

In the words of Anatoliy Panfilov, chairman of the "Kedr" movement, the threat to the health of the population, above all to children, has prompted the movement's members to put forward an initiative on purchasing abroad a large quantity of medical preparations to boost immunity, as well as equipment to produce them in Russia. After acquiring the necessary medicines, the Gossanepidnadzor specialists, in conjunction with activists of the "Kedr" movement, will deliver them to citizens most in need of them in the unfortunate regions.

Military Drug Declassified, Approved for Medicinal Use

WA0710193993

[Editorial report] A previously unreported Russian pharmaceutical has been declassified and approved for medicinal use, according to an account in the 6 April 1993 issue of the Moscow newspaper TRUD. The drug, MOS or gemmos, promotes recovery from chemical or radiation injuries and enhances performance and adaptation. Permission has been received for widespread use of the new preparation, and further investigation of it is planned (Moscow TRUD 6 Apr 93).

While the TRUD article does not specifically identify the composition of MOS, it reports that the Academy of Applied Biotechnology developed the drug for the military from a "precursor of mumiye," a naturally occurring substance long used in folk medicine. TRUD quotes MOS project director Academician Nikolay Vasilyevich Makarov as stating that nothing is added to the natural composition of the mumiye precursor in preparation of the drug. The TRUD article described gemmos or MOS

as containing "a complex selection of amino acids, micro- and macroelements, fragments of hormones, vitamins, enzymes, and many other molecules necessary for life, and complexes of them." The drug is being manufactured in the form of tablets, powder, aerosols, and ointments. Although MOS is not accumulated in the body and is virtually incapable of harming humans, it is administered under a physician's care to ensure proper dosage and use of "other methodologies" (Moscow TRUD 6 Apr 93).

The TRUD account supplies the following information on the development of MOS. First tested in agriculture and animal husbandry "many years ago," the drug was shown to increase the hardiness and yield of plants and stimulate the reproduction and growth of animals. After the outbreak of the war in Afghanistan, human testing of MOS was approved with the objective of using it to restore soldiers' strength, promote adaptation to new climates, relieve stress, and increase endurance. MOS was shown to be a highly effective treatment for burns, wounds, and severe intestinal infections, and to reduce the recovery period after chemical or radiation injuries (Moscow TRUD 6 Apr 93). According to TRUD, data on MOS's usage has long been classified, but open information has been amassed by burn and rehabilitation centers of the Sklifosovskiy Institute as well as immunology, radiation hygiene, sports medicine, and other therapeutic institutions.

Gemmos is not the only mumiye-based treatment under study. According to a ROSSIYSKAYA GAZETA report (16 Jan 92), Moscow State University's Department of Radiochemistry is developing a treatment for radiation injury based on mumiye. This article notes head scientist Yuriy Dmitrievich Perfil'yev's assessment that mumiye is apparently capable of reconstructing damaged sections of biological objects and blocking harmful products of radiation injury.

Recent press articles indicate that several former Soviet republics are highly interested in exploiting mumiye. The Tajikistan Supreme Soviet Presidium has tasked the Ministry of Health with testing and manufacturing mumiye-based pharmaceuticals (Dushanbe NAROD-NAYA GAZETA 4 Mar 92). Mumiye has precious raw material status in Russia and cannot be sold abroad without authorization (Moscow MEDITSINSKAYA GAZETA 9 Aug 92). Similar restrictions apply in Tajikistan and Kyrgyzstan (Moscow TORGOVAYA GAZETA 2 Feb 91).

Although mumiye was studied for over 35 years in the Soviet Union, it never received the status of a medicinal substance because of variation in composition (Alma-Ata ZDRAVOOKHRANENIYE KAZAKHSTANA Aug 92). Uzbekistan has now authorized medicinal use of mumiye, the Ukrainian Pharmaceutical Committee is reviewing this issue, and Russian scientists are trying to substantiate its pharmaceutical effect (Moscow VRACH May 93, Moscow FEDERATSIYA Feb 93).

Crimean Institute's 'Superantiseptic' Rushed To Moscow

PM0211141193 Moscow ROSSIYSKIYE VESTI
in Russian 29 Oct 93 p III

[Unattributed report: "Superantiseptic"—from the RETSEPT section]

[Text] A package weighing only 100 grams has been sent from Simferopol to Moscow with thorough precautions, as if it were a priceless cargo. It contains several packs of Miramistin—an antiseptic whose properties are many times superior to comparable medicinal preparations.

It was developed at the Crimean Medical Institute's Department of Microbiology under the direction of Yuriy Krivoshein, head of the department, a holder of the Ukrainian State Prize. In clinical tests the medicine showed its high efficacy in the treatment of septic wounds, burns, and even AIDS. But the production of the preparation is still only in its infancy.

As soon as people wounded during the recent tragic clashes in Moscow began to arrive at the Sklifosovskiy Institute, its specialists remembered Miramistin and phoned Simferopol. Without a second thought the Crimean scientists began to make up the packs. One hundred grams of the medicine diluted in 1,000 liters of saline [fiziologicheskiy rastvor] is enough to aid many hundreds of wounded people.

Surge in Pediculosis Cases

93WE0520G Moscow IZVESTIYA in Russian
29 Jul 93 p 6

[Article by Svetlana Tutorskaya, IZVESTIYA correspondent: "Ministry of Health Experts Report Hundreds of Thousands of Pediculosis Cases"]

[Text] Last year, there were 337,333 officially recorded cases of human louse infestation, which is what we diffidently call pediculosis.

Specialists equate those who have lice with carriers of infection.

Because no one knows the moment and hour that, for example, an epidemic of dreaded, in the memory of the older generation, typhus will spread together with these lice. Typhus strikes the heart and central nervous system, and there were in the past quite a few cases of patient death. Experts of the Russian Ministry of Health emphasize in particular that it is very difficult to detect everyone with pediculosis. While 136,222 people were recorded in the first 5 months of 1993 (which is slightly less than last year on a monthly basis), this is no reason to rejoice: in what places are adults and children the focus of attention in this respect? Obviously, in hospitals, children's institutions, hostels and summer camps. But many hospitals are shut down in the summer for repairs. Students have gone home. And the number of camps where children can improve their health is rapidly

declining.... So that this figure of 136,000 plus people could be considered the result of screening a sample.

Mikhail Narkevich, Russian Ministry of Health expert, believes that the cause does not lie only in dirt itself. In the course of civilian unrest, major migrations and roaming, not only the lifestyle but also the emotional status of people changes. Stress, apathy, nervousness and lack of self-confidence pave the way for infections in general. And for pediculosis too. The present "surge" started before the cost of soap and of washing at a bath house rose. And the insects have been found in many apartments with all the amenities, with rows of shampoos and hot water. Pharmacies are being supplied very poorly with louse-control agents.

There is another real threat that has arisen in the last few days, cholera in Tadzhikistan. It arrived there from Pakistan, with tourists. With the present increase in migration and enormous flux of refugees, there is the possibility of cholera "arriving" in Russian cities too. It is transmitted through dirty water, insufficiently pure food and dirty hands.

The saddest thing of all is that, in general, the means of salvation are simple. As for pedi..., that is to say, pardon me, lice, we postwar children were spared by kerosene. It is simple and effective.

BELARUS

Vitebsk Oblast Said To Lead Nation in Number of AIDS Cases

WSI811114593 Minsk NARODNAYA GAZETA
in Russian 11 Nov 93 p 1

[Report by Sergey Sergeyev: "AIDS Meter Is About To Break"]

[Text] The Vitebsk Oblast has "shot up" to lead the Republic in the number of AIDS cases. By now, there are eight infected people living there.

However, it is a trifle in comparison with the number of suspected, but not confirmed, virus carriers, which presumably exceeds 180. The reason for that is not only in the location of the Vitebsk region "at a crossroads", but also in the imprudence of local young ladies, who disregard their health for the sake of money and pleasure. In a relatively short amount of time, two AIDS-infected foreigners—citizens of Italy and Tanzania—have made "the close acquaintance" of 184 light-headed good-looking women.

KAZAKHSTAN

First AIDS Death in Kazakhstan

93WE0520C Moscow SELSKAYA ZHIZN in Russian
21 Jul 93 p 6

[Article by Fedor Ignatov: "The First Victim"]

[Text] The first AIDS patient has died in Kazakhstan. It turned out to be a woman from Taldy-Korgan Oblast. Her husband is from Rostov Oblast. For this reason, in the opinion of physicians, the possibility cannot be ruled out that this terrible disease was brought in from a neighboring foreign country.

Murat Saparbek, deputy director general of the republic's Center for AIDS Control, informed us that teams of physicians have been sent to Taldy-Korgan Oblast to carry out preventive measures, since this is already the second case of HIV infection noted in the region.

In all, however, we are informed by the newspaper KARAVAN there are 19 registered HIV carriers in Kazakhstan. Three of them are homosexuals and two are preschool children. Nine AIDS patients are foreign students who have been deported from this republic.

KYRGYZSTAN

Mandatory AIDS Testing at Kyrgyz-Chinese Border

93WE0520F Moscow ROSSIYA in Russian
No 22, 1 Jun 93 p 2

[Article by IMA Press: "Customs Duty Is Not the Most Terrible Thing"]

[Text] An AIDS testing laboratory has been opened on the Kyrgyz-Chinese border. No one is allowed to cross the border without a paper certifying that the HIV test is negative.

LATVIA

Incidence of Syphilis Increases Sharply

PM2209095793 Moscow IZVESTIYA in Russian
17 Sep 93 First Edition p 8

[Irina Litvinova report: "Outbreak of Syphilis in Latvia"]

[Text] Janis Jansons, chief doctor at the Latvian Center for the Prevention of Venereal Diseases, is extremely alarmed: In his words, syphilis is continuing to spread rapidly among the inhabitants of Latvia.

Five years ago the incidence of syphilis in the republic was 2.5 cases for every 100,000 inhabitants. Today this indicator has reached 17.1, while in Riga the figure is 25.3. Indeed, in Riga the number of cases per capita has doubled within a year. The doctor is also concerned that almost 6 percent of those infected are under 18 years of age, while the youngest to be infected through sexual intercourse is just 12 years old. Right now around 100 cases of syphilis are registered in Latvia, whereas a year ago there were only 17.

In the chief doctor's view, prostitution (which is still illegal in Latvia but which is, according to the business

weeklies, one of the most lucrative forms of business) is the main factor opening the way for the "flowers of Venus" to blossom so magnificently in the country.

LITHUANIA

Diphtheria Outbreak Recorded; Half of Population Vulnerable

Five Cases Registered

WS0411102393 Vilnius ELTA in Lithuanian
1654 GMT 3 Nov 93

[Text] The Lithuanian Center for Immunization has reported that five cases of diphtheria have been registered in the country. The disease is supposedly coming from Ukraine, where over 2,000 cases and 60 deaths have been recorded.

According to doctors, half of the Lithuanian population has no immunity to this disease. A Danish firm has been supplying Lithuania with a vaccine against diphtheria, but recently, its deliveries have been reduced.

Disease Control Center Warns Against Spread

WS1811080893 Tallinn BNS in English
1434 GMT 17 Nov 93

[Text] VILNIUS, Nov 17, BNS—The disease control center in Lithuania cautions that a diphtheria epidemic may seriously threaten the country.

Vytautas Bakasenas, director of the center, told the LIETUVOS RYTAS newspaper that seven cases of diphtheria have been reported in Lithuania.

Only a few more diphtheria cases were reported by the two other Baltic states, but the disease is spreading rapidly in the neighboring Belarus, Russia and the Kaliningrad region. Ukraine and its capital, Kiev, are considered by the World Health Organization to be the center of the diphtheria epidemic. More than 2,000 diphtheria cases were reported in Ukraine this year.

Vilnius, the capital of Lithuania, has managed to avoid the disease so far, even though it is the biggest center of migration in the country. The center took preventive measures, including the vaccination of the so-called risk groups—border guards, customs officials, policemen, teachers and doctors.

Lithuania purchased vaccines for money given by the Danish government.

MOLDOVA

Official Blames Prostitution for Syphilis Epidemic

AU2110204293 Paris AFP in English
2002 GMT 21 Oct 93

[Text] Chisinau, Oct 21 (AFP)—Several hundred people have fallen victim to an epidemic of syphilis that has swept Moldova over the past few months, health officials said Thursday [21 October].

Some 994 cases of the sexually-transmitted disease have been registered in the capital Chisinau, and a similar number in the rest of the country, double the amount five years ago, the head of the Health Ministry's Venereal Diseases Department Vassili Gueorgue said.

Sufferers were having to be injected with penicillin several times a day, Gueorgue said. He blamed the epidemic on poor sanitary conditions and the development of prostitution in the former Soviet republic.

TAJIKISTAN

Response to Mass Heliotrope Poisoning

W41510182993

[Editorial report] A massive outbreak of "very rare and extremely dangerous" heliotrope hepatitis in southern Tajikistan was successfully treated thanks to responses by Tajik and foreign figures and international agencies. By mid-March half of the 5,000 patients had been cured, although 70 died. Press reports contain apparent discrepancies about the age distribution of the victims.

The outbreak, first reported in January (Moscow ITAR-TASS 19 Jan 93), was caused by contamination of flour with heliotrope, an herb that grows on wastelands, dry slopes, and alkaline soils in Central Asia. Press accounts did not identify the species of heliotrope blamed for the hepatitis outbreak, but *H. europaeum* and *H. lasiocarpum* contain the toxic alkaloid cynoglossin, which causes paralysis and nervous system injury in animals. Armed conflicts delayed the wheat harvest until the more slowly maturing heliotrope had ripened. After harvest, the poisonous seeds of heliotrope were not cleaned from the wheat (Moscow Teleradiokompaniya Ostankino Television First Program Network 31 Jan 93). The contaminated grain was then distributed (Moscow ITAR-TASS 5 Feb 93) and "home-ground" into flour (Moscow ITAR-TASS 19 Jan 93). The grain has since been "withdrawn" (Moscow ITAR-TASS 5 Feb 93), and the flour "destroyed" (Moscow Teleradiokompaniya Ostankino Television First Program Network 31 Jan 93).

The Moscow medical newspaper MEDITSINSKAYA GAZETA (13 Mar 93) describes the local and international response to the crisis in detail. Together with leading gastroenterologists, Tajikistan Health Minister A. Akhmedov regularly visited affected areas—Parkhar, Vosey and Moscow Rayons in Khatlon Oblast (formerly

Kulyab Oblast)—to instruct local physicians on proper therapy. Dushanbe Military Hospital provided support to Parkhar Rayon Hospital. Eight tons of Russian pharmaceuticals were unloaded in Parkhar Airport. Uzbek physicians set up a 50-bed mobile hospital, and the International Red Cross and Red Crescent actively worked in Tajikistan. Other contributions came from "CIS nations and other states." Russian Defense Minister P. Grachev visited in February to organize donations of medicines from Russian Army subunits stationed in Tajikistan (Moscow KRASNAYA ZVEZDA 3 Feb 93). As of 13 March 1993, MEDITSINSKAYA GAZETA reported that the disease was "in retreat."

The disease, which causes gross swelling of the abdomen due to accumulation of fluids, is very painful, and patients "unanimously claim that the grain has been poisoned by the opposition" (Moscow MEDITSINSKAYA GAZETA 12 Mar 93). According to one account, most of the victims were children (Moscow Teleradiokompaniya Ostankino Television First Program Network 31 Jan 93). The MEDITSINSKAYA GAZETA correspondent, in contrast, reported observing equal numbers of adult and pediatric victims of heliotrope poisoning at the Tajikistan Republic Clinical Hospital imeni A. M. Dyakov and stated that "entire state and collective farms" in southern Tajikistan were stricken by the disease (13 Mar 93).

The patient load overwhelmed the medical system (Moscow KRASNAYA ZVEZDA 3 Feb 93). Of 5,000 cases, 4,000 occurred in Parkhar Rayon alone (Moscow ITAR-TASS 5 Feb 93). Despite emergency provision of an additional 1,500 hospital beds (Moscow Teleradiokompaniya Ostankino Television First Program Network 31 Jan 93), the Parkhar Rayon Hospital could accommodate only 2,000 cases, and the rest were placed in clinics, schools, kindergartens, and hotels (Moscow MEDITSINSKAYA GAZETA 13 Mar 93). According to the MEDITSINSKAYA GAZETA account, the most serious cases were treated in Dushanbe at the republic's Institute of Gastroenterology and at local hospitals. The therapy consisted of bed rest and a diet rich in protein and carbohydrates combined with hepatoprotectors, diuretics, detoxicants, vitamins, and hormonal preparations.

The MEDITSINSKAYA GAZETA article (13 Mar 93) was written by special correspondent Fedor Smirnov, who accompanied a group of journalists from Russia, the United States, Germany, Japan, China, and other countries, when they visited Tajikistan at the invitation of Tajikistan Supreme Soviet Chairman E. Rakhmanov.

UKRAINE

Health Official Discusses AIDS Threat, Spread of Disease

WS0811151493 Ternopol VILNE ZHYTTYA
in Ukrainian 26 Oct 93 p 4 (Tentative)

[Interview with Tamara Burtnyak, head of the Department of Particularly Dangerous Diseases at the Ternopol Sanitary and Epidemiologic Station, by Zinayda Kushniruk:

place and date not given: "Is AIDS Coming?"—first two paragraphs are VILNE ZHYTTYA [introduction]

[Text] Not long ago, there was the widespread belief that AIDS is a sexually transmitted disease, moreover, it affects only certain people who belong to the so-called risk groups, including homosexuals, drug addicts, and prostitutes. However, the lethal disease is spreading, and more and more people are falling victim, including children. Scientists have recently become convinced that such an opinion on AIDS is rather simplified.

According to data prepared by the Ukrainian Center for Birth Control and Combating AIDS, only 35 percent of the Ukrainian citizens infected with the disease belong to the "classical" risk groups. The remaining 65 percent are simply straight-living folks. How dangerous is this disease? Is AIDS approaching our doorsteps? What should each one of us do to avoid it? What has been done in this regard here in Ternopol? These are the topics of a conversation we had with Tamara Burtnyak, head of the Department of Particularly Dangerous Diseases at the Ternopol Oblast Sanitary and Epidemiologic Station.

Burtnyak: Unfortunately, the spread of AIDS among people who live normal lives is becoming more and more common. WHO experts consider this phenomenon the most dangerous, since it is impossible to control.

Consider the fact that the AIDS virus changes its genetic structure million of times faster than any other known virus. This is the reason behind the appearance of new infectious diseases, no matter how they are transmitted. We can assume that modern medicine is practically defenseless against AIDS.

Kushniruk: That is terrifying...

Burtnyak: It is terrifying, however, some people fool themselves into thinking that Ukraine is one of those countries with a low number of AIDS cases. In fact, according to WHO estimates, this is true. Nevertheless, insisting that these estimates are 100-percent accurate would be a big mistake. In our opinion, it is not possible to count all the carriers of the HIV virus, and their number can only be approximated. Additionally, Ukraine's peculiar feature is that the immune systems of the people have been critically weakened by the Chernobyl disaster. This contributes to spreading of any disease, in particular AIDS, since it attacks the immune system in particular.

Kushniruk: Tamara Vasylivna, many of our readers are interested in the real situation of AIDS in Ukraine, and in particular in Ternopol?

Burtnyak: AIDS was detected for the first time in Ukraine in 1987. As of 1 September 1993, 133 infected people were registered among our compatriots and 194 foreigners. During this period, nine Ukrainian residents

have died, including four children. Most of the cases occurred in Odessa, Dnipropetrovsk, Donetsk, and Kiev.

Currently, two people infected with the AIDS virus are living in Ternopol. However, I will repeat that these numbers are not accurate. This is first. Secondly, nowadays, when one is not sure how AIDS is transmitted, it is hard to make any predictions.

Kushniruk: Tamara Vasylivna, are you not exaggerating?

Burtnyak: Not at all. I do not intend to scare anybody. All I want to say is that today the battle with AIDS is not only a medical problem. It should become a state program at all levels. Unfortunately, there is no center for birth control and combating AIDS in Ternopol Oblast, though such centers have been established in many other oblasts.

Kushniruk: Still, the president's representative in Ternopol Oblast approved a program for birth control and combating AIDS last year. One of the paragraphs of this program provided for the establishment of such a center.

Burtnyak: This program still remains where it was signed. The problem is accommodation. If such a center is to be not only diagnostic but also for birth control and methodical, propagandist, and consultative activities, there have to be at least 10-15 rooms. Our repeated appeals to the local council have been unsuccessful so far.

Kushniruk: Tamara Vasylivna, will not it be proven that greed pays twice?

Burtnyak: God forbid. I wish him [the president's representative] well. I would like to remind everyone of the best way to avoid the AIDS virus. This is a healthy way of living and taking advantage of any possible means of birth control.

Committee Representative Views Ways To Combat AIDS

AU1911124093 Kiev MOLOD UKRAYINY
in Ukrainian 16 Nov 93 p 3

[Interview with Valeriy Ivasyuk, deputy chairman of Ukraine's National Committee for Combating AIDS, by Anatoliy Martsynovskyy; place and date not given: "A Delicate Problem"; first five paragraphs published in boldface]

[Text] December 1st is the World Day of Combating AIDS. Its motto is "It Is Time To Act." The second session of the National Committee for Combating AIDS was recently held in Ukraine.

There is a distinct trend toward an increase in the number of cases of HIV [human immunodeficiency virus] infection in Ukraine, especially over the last two years. Over nine months of 1993, 29 new cases of AIDS were registered.

At present (as of 1 October), in Ukraine, 141 persons are infected with the virus-causing AIDS. Of the 141 HIV-positive persons, 22 have full-blown AIDS, and by now, eight adults and four children have died. The number of foreigners that have tested positive for HIV has reached 196; over the current year, five new cases of the infection have been revealed.

HIV-positive persons have been registered in 21 Ukrainian oblasts, the Crimean Republic, Kiev, and Sevastopol. They are particularly numerous in Odessa Oblast (49), Kiev (27), and Donetsk Oblast (10).

The main channel for contracting the infection is sexual (65.2 percent). In 76 cases, the infection took place after heterosexual and in 16 cases—after homosexual contacts./

These figures and facts were quoted at the second session of the National Committee for Combating AIDS subordinated to the Ukrainian president. A new text of the corresponding national program was adopted: "The Program for Preventing AIDS in Ukraine." The following main trends of combating the contagious disease have been envisaged:

—making the population aware of the need to combat AIDS. The "enlightenment" approach must be integrated with regard to groups of various ages and dissimilar sexual orientations—this is a guarantee for its efficiency;

—preventive measures: ruling out the transmission of AIDS through medical equipment or donors' blood;

—research. It was pointed out at the session that Ukraine has a large scientific potential, and scientists hope to be able to discover a method for stopping the spread of the virus in the near future. This is a reality, and, perhaps, next year in Yokohama, Ukraine will announce its achievements;

—resolution of the question of preventive measures, for example, the provision of the population with condoms. Today, this is the only effective method. Ukraine plans to purchase and manufacture 150 million condoms.

Condoms have disappeared from the shelves of our drug stores and can be found only in commercial kiosks. The prices are so high that not everyone, especially young people, can afford to use such a thing. How come? This was our correspondent's question for the leadership of the committee.

[Valeriy Ivasyuk, deputy chairman [of the committee]] This is a topical question. Condoms not only protect people from AIDS, but from sexually transmitted infections as well. Naturally, the high-ranking officials at the corresponding ministry must have realized this. (We must allow for the traditionally complex relations between V. Ivasyuk and the minister—editorial note.) They realized this and... allowed commercial structures

to take over the program for the provision of the population with condoms. Why? The answer is very simple: If the state decides to implement this program, then someone must be in charge of it. The president, without being ashamed to say the word "condom," must say that this is a priority program. [Former Prime Minister] Masol and then [former Prime Minister] Fokin, despite their age, should have said without shyness that the "condom" problem in Ukraine is a priority one. However, as soon as this is said, it is necessary to look for money and high-quality condoms that would really protect people. However, Ukraine is impoverished and unable to buy four-cent condoms. Therefore, there must be state subsidies: to purchase at certain prices and sell at lower prices. This is burdensome: It is easier to shift everything to commercial structures....

Furthermore, from where do those newly created commercial structures get their hard-currency capital? Could they really accumulate those millions over the year of the so-called illicit "privatization" [prykhvatyzatsiya]? No, these millions belong to the state. Ukraine's Security Service, through the newspaper NEZAVISIMOST, reported that our National Committee allegedly spent 4.8 million [monetary unit not specified]. I have certain information to the effect that that sum of money did exist and was used for purchasing, through commercial structures, bad, low-quality condoms in 'third-world' countries.

The National Committee has created a special commission, including experts from the Ministry of Economy and Ministry of Finance. The sum of \$6 million, which is, in our opinion, necessary for providing the population with condoms in 1994 is a lot of money for our budget. However, with this capital, we can organize our own production and purchase condoms abroad.

Venereal Diseases Rise in Chernivtsi, Hit 'Entrepreneurs'

AU2110180393 Kiev HOLOS UKRAYINY in Ukrainian 19 Oct 93 p 4

[Vasyl Babukh report from Chernivtsi: "We Are Catching Up With Odessa"]

[Text] An urgent meeting of an emergency anti-epidemic commission has been held in Chernivtsi. The cause for the meeting was a sharp increase in the venereal diseases in the oblast center. In terms of this piquant "index," it closely approaches Odessa, which is a leader in this respect.

The number of carriers of syphilis has gone up abruptly. Males aged from 20 to 29 prevail among them (56 percent). Even a 9-year old youngster has contracted extragenital syphilis—from his parents.

The commission has made public yet another interesting figure: 62.7 percent of patients in venereal clinics are entrepreneurs. Therefore, the new class does not really take care of its moral health, if it has found itself in the high-risk group so fast.

Study Shows Half City's Children Have Thyroid Gland Trouble

AU2110180193 Kiev HOLOS UKRAYINY in Ukrainian 20 Oct 93 p 1

[Unattributed report: "Attack on Children's Thyroid Glands"]

[Text] Scientists of the Dnipropetrovsk Medical Institute under the leadership of Professor Herbylskyy, who has recently been elected a full fellow of the British Endocrinological Society, have conducted ecological monitoring of the city. It was learned that almost 50 percent of all the local children suffer from a pathology of the thyroid gland. Cretinism is a quite probable outcome of the disease. "The worst is still to come," believes the professor, "and nobody knows what form it is going to take."

Botulism Claims 11 Lives; Health Ministry 'Quite Concerned'

WS0411145893 Kiev Ukrayinske Radio First Program Network in Ukrainian 1500 GMT 3 Nov 93

[Text] The alarming situation which has developed in Ukraine with regard to the outbreak of certain infectious diseases, has been exacerbated by yet another misfortune—the outbreak of as dangerous a disease as botulism. Over 300 people, of whom 11 have already died, have become the first victims of its invisible pathogen, which does not affect the taste, smell, or color of food, and thus is hard to detect. Ukraine's Ministry of Health is quite concerned about additional and more frequent outbreaks of botulism.

Tragic events have occurred in the town of Bila Tserkva in Kiev Oblast and Kamyansk Rayon in Cherkassy Oblast. The main reason behind the outbreaks of botulism there is homemade food—meat, fish, and vegetables pickled in jars. Every third case of illness is caused by eating decaying fish. In this regard, people are advised not to buy fish from uncertain sources. Six people have been severely infected after eating smoked sturgeon; 33 citizens of the Kosari village in Cherkassy Oblast were poisoned after eating smoked bream and catfish. The aftermath could have been even worse, but following a warning broadcast over the radio, the entire 15 kg of contaminated fish was delivered to a medical-epidemiology unit.

REGIONAL AFFAIRS

Italy's Garavaglia, Albania's Shehu Discuss Medical Assistance

AU1411152993 Tirana ATA in English
1108 GMT 13 Nov 93

[Text] Tirana, November 13 (ATA)—At the November 11 meeting in Rome between Tritan Shehu, Albanian minister of health and environmental protection, and Maria Pia Garavaglia, Italian minister of health, Mrs. Garavaglia stressed that Italy will continue to assist Albanian medical system. Italy plans to supply Albania with medical devices, medicine and will also help her with the training of medical staff. Also attending the meeting between Albanian and Italian ministers was Italian Ambassador Paolo Foresti. Mr. Foresti underlined that the Italian Foreign Ministry supports the cooperation between the Albanian Ministry of Health and Environmental Protection and Italian Ministry of Health.

The Steering Technical Italian-Albanian Committee convened in Italy November 11. The meeting of the committee was attended by the Albanian and Italian ministers of health. During his visit to Italy Mr. Shehu met with personalities of Italian medical health service, the Faculty of Medicine of Bari and the Castelaneta Hospital, the physicians of hemodynamics in Frasinone and the friend of Albania, Cavalier Damiano Otomanneli who has supplied Albania with medicine and medical devices. Mr. Otomanneli was handed the decoration "Order of Naim Frasher First Degree" for his charity activity in Albania.

AUSTRIA

Number of Drug-Related Deaths Doubles in 1992

AU1011145693 Vienna DER STANDARD in German
10 Nov 93 p 7

[Report by Eva Linsinger: "Number of Drug-Related Deaths Rises"]

[Excerpt] Vienna—A total of 115 people died in Vienna in 1992 because of drug use. Thus, the number of drug-related deaths nearly doubled from the previous year (62 deaths). This tendency is not expected to continue this year, but the number of deaths is likely to remain stable at a higher level: By 30 September, 78 died in Vienna as a result of drug consumption, whereas their number was 73 during the same period last year. "Basically, the same number as in 1992," Helmut Zilk stated, refusing to speak of a record level. [passage omitted]

DENMARK

Chlamydia Now Most Common STD in Greenland

93WE0600D Nuuk GRONLANDSPOSTEN
in Danish 7 Sep 93 p 2

[Unattributed article: "Chlamydia and Childlessness"]

[Excerpts] Chlamydia is the most common sexually transmitted disease [STD] in Greenland today. In Nuuk there are approximately 10 times as many cases of chlamydia as gonorrhea. Every year, there are 500 cases of chlamydia infection in Nuuk. [passage omitted]

Sexual Disease

It was not until the 1970's that chlamydia was shown to be a sexual disease, and it was only in the beginning of the 1980's that technology was sufficiently developed to begin serious testing for chlamydia, using new techniques which were less complicated than earlier.

This is the history behind the diagnosing of chlamydia in Greenland in the early 1990's. The testing can still only be obtained in Nuuk, where each year 5,000 tests for the chlamydia infection are performed. Approximately 10 percent turn out to be positive. [passage omitted]

Incidence

The incidence of gonorrhea has fallen significantly since the 1970's and 1980's. In the middle of the 1980's, the number was up around 14,000 cases. Today the number is down around 1,000 for all of Greenland, very possibly even lower.

"A big part of the reason for the fall in gonorrhea cases is that tracking down partners has been done very effectively, while a number of sexual patterns of the 1980's have also changed. People do not have as many partners as earlier. It is relative, but today people do not go to bed with someone different every evening, perhaps just once a week. Further, gonorrhea circulated in a relatively limited portion of the population, which has had gonorrhea over and over.

"Chlamydia, on the other hand, is more widespread in the population. The 'nice' girls also get chlamydia. Strategies other than those used for combating gonorrhea are necessary in combatting chlamydia.

"It is necessary to encourage people, especially young people, to come to the hospitals to be checked."

Treacherous

"Chlamydia is treacherous. Very often people do not notice that they have it. And even though a person uses a condom 100 percent of the time in sexual encounters with a new partner, that person does not continue to do so once he and his partner know each other. Thus one may well become infected."

"Chlamydia, if severe, can bring on sterility in women, so they cannot bear children normally. It can also cause the woman to become pregnant outside of the uterus, which can be life-threatening. Chlamydia causes inflammation of the fallopian tubes and arthritis, and in men it can cause inflammation of the testis. The fallopian tubes are enormously sensitive to chlamydia

bacteria. The first thing that happens is that the cilia inside the fallopian tubes are destroyed, making it difficult for the eggs to travel from the ovaries down to the uterus. An egg can easily stick on the way, and that means becoming pregnant outside of the uterus. We see an awful lot of cases of that here in Greenland," said Dr. Harald Moi.

Gonorrhea in Greenland 1975-92

Year	Number of Cases	Year	Number of Cases
1975	12,100	1984	10,500
1976	10,100	1985	8,000
1977	10,050	1986	7,250
1978	10,300	1987	6,000
1979	8,100	1988	2,300
1980	8,050	1989	2,200
1981	9,000	1990	2,250
1982	11,000	1991	1,400
1983	10,500	1992	1,000

Syphilis in Greenland 1975-92

Year	Number of Cases	Year	Number of Cases
1975	430	1984	145
1976	700	1985	250
1977	660	1986	300
1978	450	1987	670
1979	300	1988	370
1980	260	1989	220
1981	265	1990	170
1982	180	1991	50
1983	150	1992	45

Greenland Chief Defends Health Care System

94EN0118Z Nuuk GRONLANDSPOSTEN in Danish
5 Oct 93 p 11

[Unattributed article]

[Text] Nuuk—It was a heavy-handed chairman of the home rule government's executive committee who argued with Lars Chemnitz, the Atassut party's new policy spokesman, in the Landsting's chambers when during the opening debate on Thursday, 30 September. Atassut criticized the executive committee's handling of the health system.

"Since we took over the health system on 1 January 1992, a number of improvements have occurred that cannot be ignored," said Lars Emil Johansen. "More operations have been done in Greenland. An ophthalmologist has been appointed to treat many eye diseases. Kangaatsiaq, like other towns, has become an independent medical district. It is becoming possible to get

training as a nurse at the new health center in Nuuk. The shortage of staff in the health sector, particularly doctors, has peaked. The economy has been cleaned up and technology has been improved."

"That of course does not mean that everything is in the best order, and that the health system is healthy and fit," Johansen said. "Conditions in the health system need improvements, and we are ready to make that effort."

Promises Broken

The remarks came in reply to Atassut's Lars Chemnitz, who in his speech during the opening debate said:

"The health system's effectiveness and service are vital to the people's well-being and security. Despite major misgivings, last year Atassut accepted the executive committee's assurances that for 20 million kroner less than what the Danish state spent on the health system it could run the health system, and with even better health services to citizens."

"Today we must say that the executive committee's promises have not been kept. The long waiting lists for treatment and the generally reduced chances of getting treatment tell their unmistakable tale. So Atassut wants more money spent on the health system. When we took over this area, we promised people a better health service, and we must keep that promise now."

Too Much Work

Chemnitz also argued with Ove Rosing Olsen, who is the member of the executive committee responsible for health and the environment and for trade and industry:

"The health system is so big an area and for the people such an important area for the executive committee that the area calls for a 100-percent effort. We would therefore recommend that the chairman of the executive committee reassign Ove Rosing Olsen's areas of responsibility so the health system is assigned to an executive committee member who does not have other duties.

"That will strengthen the health system and in Atassut's opinion there is a real need for that. Indeed we believe Ove Rosing Olsen is assigning a high priority to the environment at the expense of the health system."

FINLAND

Increased Venereal Disease Threat Seen

93WE0582A Helsinki HELSINGIN SANOMAT
in Finnish 1 Sep 93 p 13

[Article by Paivi Repo: "Swedish Scientist Warns: East European Prostitution Is Increasing Venereal Disease in Finland"]

[Excerpts] There are as many as 100,000 women in Europe who support themselves with prostitution. They are usually from some East European country. Mobile prostitution was under discussion at an international conference of sexologists in Helsinki.

Swedish Per-Anders Mardh is studying Romanian women who were prostitutes in Istanbul. [passage omitted]

Mardh predicts that we are only now seeing the beginnings of a real problem in the Nordic countries, with prostitutes entering the Nordic countries from Russia via the Baltic countries. "You don't have to go to Bangkok any more." Mardh believes that both venereal diseases and HIV will spread considerably more in the future than they have. [passage omitted]

Sexually Transmitted Diseases on Increase

94WE0012A Helsinki HELSINGIN SANOMAT
in Finnish 27 Sep 93 p 7

[Unattributed article: "Venereal Diseases on Increase Among Young Estonians; Mutual Aid From Finnish Aid Program"]

[Text] [no place-name as published] STT—The incidence of the conventional venereal diseases, syphilis and gonorrhea, is increasing at an annual rate of about 25 percent in Estonia. Fully a third of those down with these diseases are young people under age 19. Finnish skin and sexually transmitted diseases specialists are launching a remarkable aid program in Estonia that will be of mutual benefit.

Namely, the conventional venereal diseases, syphilis and gonorrhea, are the problem in Estonia. Mati Majass, the chief physician of the Tallinn Hospital for Skin and Venereal Diseases, said that they cannot diagnose chlamydia and herpes in that country at all and that the diagnosis of syphilis and gonorrhea is made by using methods that have outlived their usefulness.

On the initiative of the Finnish Herxheimer Society, they intend to set up a modern unit in Tallinn that specializes in the diagnosis of sexually transmitted diseases. The equipment for the unit will be obtained from either Germany or Finnish medical center bankruptcy estates. Asst. Prof. Allan Lassus of Aurora Hospital said that they will begin to train Estonian nurses and doctors at Aurora Hospital as early as this fall.

Europe's Cleanest HIV Statistics

While the incidence of conventional venereal diseases has greatly increased, in terms of AIDS statistics, Estonia is Europe's cleanest country. Lassus thinks that this is due to the fact that Estonia has been an isolated area for a long time.

Despite widespread testing, only about 30 people have been found infected with HIV and two AIDS patients have died. In Estonia anyone who comes in to be examined for some other sexually transmitted disease, among other things, is tested.

A total of 116 cases of syphilis were discovered in 1991 and the following year there were already 176. The incidence of gonorrhea increased during the same period from 1,342 to 1,779 cases. There are increasingly more young women among those infected and a third of them are between age 14 and 19. The source of infection is usually a temporary sexually transmitted disease and the infection is often acquired outside of Estonia, in Russia, Finland, or Sweden, Majass said.

Call Girls a Problem

Majass thinks that the increase in call girl services is a big problem. The newspapers are full of ads for sexual

services. There are a lot of semilegal houses of prostitution in Estonia, but the women who work in them are not subject to mandatory examinations by a doctor. "Prostitution spreads by dissemination. It has already managed to reach the small towns from Tallinn, for example, Kuresaare on Saarenmaa. There are probably 60 firms operating in Tallinn that provide intimate services," Majass said.

It is mainly conventional venereal diseases that are a threat to Finnish tourists, but at the same time Finns may pose a threat to Estonians as disseminators of HIV infections, Assistant Professor Lassus said.

Researcher: Every Fifth Finn Over 30 Has Herpes
*93WE0582B Helsinki HELSINGIN SANOMAT
 in Finnish 2 Sep 93 p 5*

[Article by Paivi Repo: "Vaccine Being Developed Against Genital Herpes"]

[Text] A vaccine that will prevent genital herpes is being developed at the University of Washington in Seattle in the United States. There they are currently inoculating volunteers with the vaccine and the tests are being extended to Europe and elsewhere in the United States. The vaccine was reported on at the conference of venereal disease researchers in Helsinki that ended Wednesday [1 September].

They have been testing the vaccine in Italy for some time now. Aurora Hospital specialist Jukka Suni said that subjects between the ages of 20 and 30 have been vaccinated there.

According to Suni, the herpes vaccine is not particularly hard to produce, but there are fears that it may have side effects. The vaccine will not be available for general use before the results of the tests that are beginning now are obtained.

Genital herpes is a common venereal disease in Western countries. According to studies that have been conducted, one out of every four, or even every other adult has it. In Finland one out of every five persons over age 30 has it.

The virus causes a disease that the organism never rids itself of; the disease may flare up again many times in the victim's lifetime. It is treated with acyclovir, which reduces the symptoms and keeps recurrence of the disease under control.

The only vaccine that prevents the disease, which is transmitted through sexual contact, is still a vaccine that prevents hepatitis B and which not nearly everyone who needs it takes. Two-thirds of the people who are infected do not show any symptoms at all. As of the beginning of next year they are going to start screening people with hepatitis B at prenatal care clinics.

GERMANY

Further Reportage on UB Plasma Co./AIDS-Contaminated Blood Plasma

Seehofer Speaks of 'Criminal Action'

AU0411100693 Hamburg ARD Television Network
 in German 2135 GMT 3 Nov 93

[Interview with Federal Health Minister Horst Seehofer by Sabine Christiansen; Seehofer is in the studio in Bonn, Christiansen in Hamburg—live]

[Text] Christiansen: Good evening, Mr. Seehofer. The question is how all this could have happened. Without falling back into petty accusations now, how can it happen that information is not passed on or that there is no response to information as provided by the employee [of the UB Plasma company that blood was infected], and that such information does not reach your Ministry?

Seehofer: Mrs. Christiansen, I think that the most important thing now is not to fall back into petty accusations or even disputes between the parties, but to do everything to guarantee a safe blood supply in the FRG, and that we do so together, and not against each other—Federal Government against laender governments and vice versa, or doctors against politicians, or vice versa. This is the most important task at the moment. When this safety is restored in a few days or weeks, we can always start to deal with the political aspect of the issue.

Christiansen: How could this safety be restored by then?

Seehofer: Well, the most important thing has been done, namely that the laender, which are responsible for it, in particular Rhineland-Palatinate, recalled all suspicious blood products, and that hospitals have started to trace back patients who received blood. I have recommended everybody—and I still do—that people, particularly those who received blood products recently or in the eighties, who want to know for sure should take tests after consultations with their doctors. This is the quickest way to know for sure. It has nothing to do with fear or hysteria. I think that one cannot get rid of fear by talking a lot about it, but one has to create certainty. This is the best way to dispel and allay fears.

Christiansen: Are these Aids tests that you have suggested free of charge. I think we should tell the people very clearly. If they go to the health offices these tests are free. Where else are such tests free of charge?

Seehofer: They are free of charge in the health offices. Everywhere else they are covered by health insurance. That is absolutely clear and I can assure the people of that.

Christiansen: What about the Aids Fund? Will the 10 million German marks that have been mentioned be enough? Probably not.

Seehofer: The amount will not be enough as ultimate help. In the Bundestag's Budget Committee next week we intend to adopt immediate humanitarian aid for those who were infected in the eighties. The Bundestag investigation committee will then have to find an ultimate permanent solution if it ascertains that somebody was at fault. This is what the investigation committee will have to clarify. At the moment a lot suggests that there was much careless work and—I cannot avoid the word—that there was even criminal action.

Christiansen: Thank you very much, Mr. Seehofer.

UB Plasma Reportedly Knew It Sold Infected Blood in 1986

AU0411100493 Hamburg ARD Television Network in German 2130 GMT 3 Nov 93

[Report by Christian Graeff and Thomas Leif]

[Text] The Koblenz Trade Supervisory Office actually found out about the Aids scandal involving the UB Plasma company as far back as 7 years ago. After all, sources from the Social Affairs Ministry in Mainz have today stated that in December 1986, a former employee of the company told the Trade Supervisory Office that UB was doing business with Aids-infected blood.

[Begin recording Rhineland-Palatinate Health Minister Ulrich Galle, of the Social Democratic Party of Germany] I first would like to quote what the employee told the Supervisory Office. She said that she had repeatedly identified slightly positive [leicht positiv] HTLV Aids, and that, after talks with the company's management, this plasma was, nevertheless, sold. [end recording]

The Office sent two files on events at UB Plasma to the responsible district government. The effect was that checks were carried out at UB Plasma together with officials from the Health Ministry, although without any result. The superficial check did obviously not assume that criminal facts were involved.

The district government does not intend to comment on the accusation of sloppy work until tomorrow. Yet, the discussion on political responsibility has started. The then Rhineland-Palatinate Health Minister [and now Federal Environment Minister] Toepfer has stated today that he did not remember the case. The Social Democratic Party [SPD] group in the Rhineland-Palatinate Landtag wants to clarify the issue in an investigation committee.

In connection with the scandal involving HIV-infected blood products, terrified citizens and former patients have rung up hospitals, blood banks, and health centers. There is great insecurity everywhere, and in some cases it has even lead to panic reactions.

[Begin recording Walter Hitzler, of Mainz University Hospital] Many citizens have called today who received blood from us. One could feel hysterical fears among these patients. We have planned several forms to register

that. We installed a telephone hotline and we are trying to allay the fears among our patients by tracing back the donated blood. [end recording]

Contrary to most other clinics, this can be done in Mainz. After all, the central blood bank of the University Hospital operates absolutely independent of commercial blood suppliers. Some 20.000 thoroughly examined permanent donors supply the entire region with fresh blood two to four times a year. This form of self-supply almost entirely rules out the danger of infection. A model for the future?

[Begin recording Walter Hitzler] I think it is necessary to build up local, regional, self-sufficient self-supply, as we have practiced here in Mainz for decades. We need a firm stock of permanent donors, which offers a high degree of safety. This can be put into practice, even though it requires a lot of commitment and work; yet that is necessary. [end recording]

Meanwhile the political controversy continues on the adequate reaction by those people who might have received infected blood products in the past few years. A general Aids test as suggested by Federal Health Minister Seehofer is rejected, for example, by Hesse Health Minister Iris Blaul.

[Begin recording Hesse Health Minister Iris Blaul, of the Greens Party] Minister Seehofer's appeal means that the problem is tackled at the wrong end. It means that insecurity among the population will even increase. In my opinion, effective action has to start on the side of the donors. The list of donors is available, and they can be requested to call at hospitals and take HIV-tests. That way one can define the possible danger much faster. [end recording]

While insecurity is increasing among the people, the controversy over political responsibility has begun. Federal Health Minister Seehofer tonight accused Rhineland-Palatinate Social Affairs Minister Galle of having ignored his warning signals.

New Details Emerge About Company

AU0611160293 Berlin DIE WELT in German 5 Nov 93 p 2

[Unattributed report: "Complaint Filed Against Geissler and Suessmuth"]

[Text] Berlin—There are new accusations against the Federal Health Office (BGA) in Berlin in connection with the affair involving HIV-contaminated blood. According to information obtained by the ARD [first German television channel] magazine program "Panorama," as early as in 1991 the authority had circumstantial evidence that the UB Plasma company carried out inadequate tests for the AIDS virus in their blood products. According to an internal note, in that year the BGA bought plasma from the Koblenz company, which is very much involved in the blood scandal. In one unit

of donated blood, which UB Plasma had declared HIV negative, that is, AIDS-free, the BGA found antibodies during a later test. The sample was HIV-contaminated. Nevertheless, no steps were taken at that time, according to "Panorama." In 1991 this happened with three plasma units, which the BGA had bought from Koblenz for research purposes.

In addition, UB Plasma processed donated blood for several years without having an appropriate license. This was confirmed by Koblenz Administration Chief Gerd Danco yesterday. As late as in 1989 the company received the license for the production of blood plasma in line with the Pharmaceutical Law. However, it had been producing "small amounts" of blood plasma since 1986, Danco announced. According to the law, this is permitted in exceptional cases, such as if blood plasma is produced at the order of other institutions.

Danco rejected the accusation that his authority did not run proper checks on UB Plasma despite previous warnings. On 29 January 1987 the note by an employee of the Trade Supervisory Office about information provided by an UB Plasma employee that HIV-positive blood had been sold was passed on to the district administration. This note has a hand-written addition "not sold." During an unannounced check of UB Plasma on 13 March 1987 no HIV-infected blood was found, the administration chief said.

Health Minister Horst Seehofer, on the other hand, made accusations against the Rhineland-Palatinate land government. As early as on 9 September 1993 he had briefed the Mainz government about the suspicion that UB Plasma sold HIV-contaminated blood products. The supervisory authority also reacted late to a second briefing. The responsible Koblenz district administration was alerted on 30 September.

Victims of AIDS-contaminated blood products have meanwhile filed criminal complaints against Seehofer's predecessors, Heiner Geissler and Rita Suessmuth. According to information obtained by NDR [Norddeutscher Rundfunk], they accuse the two Christian Democratic Union politicians of being negligent regarding the AIDS problem and of not acting in time.

Yesterday experts of the laender, the Federal Government, and the BGA met in Hamburg for a working talk about HIV-contaminated blood products. The issue primarily is how to improve checks on companies that produce blood products.

Tighter Controls on Blood Products Planned

LDI211164093 Hamburg DPA in German 1232 GMT 12 Nov 93

[Excerpts] Bonn (DPA)—Tighter controls are to increase the safety of blood products and reduce the risk of AIDS infections. Health Minister Horst Seehofer announced a package of measures to this effect in Bonn on Friday. The basically good safety standard of blood and blood

products in Germany by comparison with international standards can only be maintained and improved if the prescribed safety measures are not violated by human error or by technical faults, he said. [passage omitted]

In order to improve safety, the relevant Bundestag committees will examine all aspects of the blood donor system from production through to utilization, said Seehofer. The federal states have agreed to intensify checks of production processes immediately. The Health Ministry will expand the tighter medicine controls previously applied to vaccines and serums to include blood products with coagulation factors or human albumen. This regulation is to be introduced in two phases from 1 July 1994. [passage omitted]

Ministry Denies AIDS-Infested Blood Imported From Romania

AU1511132893 Bucharest ROMPRES in English 1216 GMT 15 Nov 93

[Text] Bucharest ROMPRES, 15/11/1993—A letter from the German Ministry of Health was extended to the Romanian Ministry of Health, on 12 November 1993, which reads that AIDS tests on the [blood] plasma collected in Romania should have been conducted only by the UB Plasma-Labor GmbH Koblenz firm exclusively. The Romanian Ministry of Health is also informed that probes taken during 1993 by the Romanian part in that German company revealed only one AIDS positive donor.

The German Ministry of Health was subsequently announced that the plasma from that donor had been blocked under the Romanian Ministry of Health's decision of 22 September 1993, which prevented it from reaching Germany.

Health Minister Increases Safety Controls on Blood Products

AU1811082893 Hamburg DPA in German 2010 GMT 16 Nov 93

[Text] Frankfurt/Main (DPA)—The safety of blood products is to be increased by means of additional state controls. Federal Health Minister Horst Seehofer announced in Frankfurt this evening that a final inspection by the state and a quarantine storage period for certain blood products are planned in order to reduce the risk of AIDS.

The CSU [Christian Social Union] politician does "not want to put off until Easter" a new distribution of authority for the registration of blood products. The plan was to also give the Paul-Ehrlich Institute (PEI) in Langen near Frankfurt responsibility for the checking of batches of medicines made from blood products with clotting factors. The Federal Health Office has been responsible for this up to now. The AIDS reduction program, for which the German Red Cross has hitherto been responsible, will also be taken over by the PEI in future. Seehofer announced at the Frankfurt Press Club.

Bavarian Health Ministry Bans Firm's Frozen Plasma

AU191113693 Hamburg DPA in German 1436 GMT
18 Nov 93

[Text] Munich (DPA)—The Bavarian Ministry for Social Affairs has forbidden the Munich firm AB-O Plasma from producing frozen plasma. According to the ministry's information today, an investigation of the firm had shown that neither a production nor a test certificate had been issued for the bags of plasma supplied by the firm UB Plasma in Koblenz. Delivery notes and test certificates from the Koblenz firm were without the signature of the person responsible for testing and production. These products were distributed by the Munich firm without further testing.

Bonn Coalition Wants Hospital Ship for Navy

AU1910141193 Munich FOCUS in German
18 Oct 93 p 11

[Unattributed report: "Hospital Ships for the Navy"]

[Text] The out-of-area activities of the Bonn coalition also apply to the navy now. In a letter to the Defense Committee, deputies of the Christian Democratic Union [CDU]/Christian Social Union [CSU] and the Free Democratic Party of Germany [FDP] have again emphasized the idea of a hospital ship. The Defense Committee is called upon to ask the Defense Ministry to start planning the acquisition of a large floating hospital. A study, to be completed by the end of the year, will assess the possibilities of rebuilding, building from scratch, or reconstructing such a ship.

The coalition partners say that international demands on the Bundeswehr call for a hospital ship that could safeguard medical care for German soldiers in places like off the Somali coast or in the Mediterranean, or off the coast of former Yugoslavia.

Manfred Opel, military expert of the Social Democratic Party of Germany, says, "The Armament Section of the Defense Ministry has a study estimating costs for a new ship at 500 million German marks [DM]." The former general, who has not signed the letter, thinks, however, that a new 250-bed hospital ship—completely equipped with medical and hospital technology—could be bought for DM400 million. A rebuilt ship would cost DM250-300 million.

In an interview with FOCUS, Opel said, "One ship is not enough though; we need two. Also, these ships should not be controlled by the navy but by the chief of the military medical service. The Chancellor's Office must finally do its job and place an order with the shipyards—after all, this would be money well spent!"

Unlike his CDU/CSU and FDP colleagues, Opel does not want to effect the financing through individual plan 14 (chapter 1402 of the "general allocations"). He says, "The Bundeswehr does not have the money to do this."

Opel suggests raising the necessary funds from individual plan 60 of the budget.

IRELAND

More AIDS Reported, Epidemic Predicted

94WE00594 Dublin IRISH INDEPENDENT
in English 17 Sep 93 p 4

[Article by Claire Grady: "AIDS Claims 4 New Victims"]

[Text] Four people have died of AIDS since the end of July and four new cases have come to light, according to figures released yesterday.

A total of 162 people have now died of AIDS and a further 353 have the disease.

The statistics from Health Minister Brendan Howlin came as a leading expert predicted an AIDS epidemic in Ireland over the next 5 to 6 years.

Dr James Walsh, the former national AIDS strategy coordinator, warned that up to 2,000 people would develop the illness before the turn of the century.

While 1,400 people have so far tested positive for the HIV virus, the true figure of those infected is more likely to be around 2,000.

"All of these people will develop AIDS, and all will unfortunately die. That is what we do know in a disease full of speculation," Dr Walsh told the *Irish Medical Times*.

More than half of the country's HIV positive individuals are intravenous drug abusers, who account for 62 of the 162 deaths.

Homosexuals or bisexuals and intravenous drug abusers still account for the majority of AIDS cases—269 out of 353—but heterosexuals with AIDS now outnumber homosexuals and infected babies born to drug-abusing mothers.

Half of Deaths in 1992 Result From Heart Problems

94WE00084 Dublin IRISH INDEPENDENT
in English 10 Aug 93 p 5

[Article by Eilish O'Regan, Health Correspondent: "Heart Deaths 'One in Two'"]

[Text] Nearly 14,000 people died as a result of heart and circulation problems last year—accounting for nearly one out of every two deaths, latest statistics reveal.

And while the rate of deaths from heart disease in Ireland is falling, the drop is much slower than other developed countries, says the Irish Heart Foundation.

The mortality rate for men aged between 30 and 70 years has gone down by only 1pc since 1951.

The foundation, which is now aiming for a 40pc cut in the mortality rate from coronary heart disease and stroke by the end of the decade, has again called for change in life-style in an effort to prevent heart attack and increase the odds of survival when it does strike.

Ireland's slow progress in tackling heart disease is highlighted in a table showing this country achieved the lowest reduction in ten countries since the mid 1970s.

The mortality rate from coronary heart disease for men is the third highest of the developed countries—outstripped only by the North and Scotland. [passage omitted]

NETHERLANDS

Medical Services for UN Peacekeeping Troops Criticized

94WE00624 Rotterdam NRC HANDELSBLAD
in Dutch 21 Oct 93 p 10

[Article by Hidde van der Ploeg: "Armed Forces Medically Remiss"]

[Text] The examination and medical services of the UN soldiers must be drastically changed. The rules are incoherent, there are many communications disruptions, there is no overview of the medical situation in deployment areas. The result, among other things, is that the selection of personnel that may be considered for UN tasks is based on a superannuated general service order.

Captain J. Hoevers, M.D. and Major G. Wondergem, both involved in the dispatching of UN military, find that many changes must be made. They cite a whole series of deficiencies as a result of which the soldiers who are to be posted are at a disadvantage, before, during, and after the completion of their UN mission. Simple matters, such as asking physicians about their experiences as they return from deployment areas, remain neglected. Disciplines work alongside one another as a result of the lack of an overlapping medical "care circuit" in which cooperation is the rule.

According to Wondergem and Hoevers, this latter shortcoming must be attributed to "jealousy concerning personal titles" between the Royal Army's Inspectorate of the Medical Corps, the Department of Individual Assistance, and the Defense Ministry's Public Assistance Service. "Because there is no overview of the situation in deployment areas, the unit's doctor is clueless as to what the consequences of being deployed in a UN unit might be," Hoevers says. From July 1992 until February 1993, Wondergem was a UN observer in the former Yugoslavia, and is now active in the center for peacekeeping operations. As battalion physician in 1992, Hoevers was involved in the reorganization of the 13th mechanized infantry battalion into a unit with airborne mobility

capability. After that, she participated in the preparations for dispatching the Netherlands transport battalion to the former Yugoslavia and in the first establishment of the home front care.

In a letter addressed to the Netherlands Officers' Association dated 11 October, among other things, Wondergem and Hoevers pointed out that many soldiers do not go near the unit physician with their complaints because medical confidentiality is not guaranteed in the armed forces. According to its secretary, Major R. Bloemkolk, the officers' association has closed ranks behind the duo.

The fact that the unit's physician combines the functions of family physician, plant physician, and insurance physician all in one, is, according to Wondergem and Hoevers, unworkable. According to Hoevers: "Before making a diagnosis, a physician has to be able to talk openly to a patient. That is difficult if the actively caring physician, thus the physician in confidence, must also provide care prior to UN deployment. Confidential information concerning alcohol and drug use takes on a different slant." Wondergem says: "Do not forget, for example, that the UN peacekeeping forces pursue an entirely different policy with regard to drugs than the one we are accustomed to in the Netherlands."

According to Hoevers, the outcome of the examination has greater consequences than it used to for the soldier's career. A number of career soldiers must disappear, and, according to the commandant of land-based forces, Couzy, every career soldier must be suitable for UN tasks.

According to the pair, the care of soldiers who return from UN missions also deserves attention. Wondergem and Hoevers point to the experience gained by sending troops from the Netherlands to Lebanon in the early 1980s. Circa 300 soldiers from the group are still serving with the treatment circuit of the army's Department of Individual Assistance (DIA).

Lieutenant Colonel W. Martens of the DIA confirms this figure and states that a similar number of people from a total number of 8,000 practice a profession of providing assistance outside the military. Down to the present day, new recruits keep reporting to provide assistance. According to psychologist Martens, these cases are, for the most part people "who have not gotten over" traumatic experiences and/or those who "do not fit into" society.

Hoevers determines that the "trajectory of care," like the one that was established in 1982 on behalf of the UN peacekeeping battalion, has yielded nothing long-term. "Then the UN tasks in Cambodia and the former Yugoslavia sprang up out of the ground, and we have to begin all over again." According to Martens, there is talk of a whole new approach because the Ministry of Defense has found the follow-up care figures after Lebanon to be too high. "Before a soldier is repatriated, a psychological debriefing occurs," says the psychologist.

After returning from their UN missions, according to Wondergem and Hoevers, the soldiers are "examined to the hilt," following which they are returned to their units. Shortly thereafter, the professional soldiers leave the service. Then, it is left up to the individual to determine whether he wants to make a career of providing care. According to Wondergem: "The majority put it right out of their minds, due to the possible consequences for their career."

Hoevers persists in the conviction that the good intentions are thwarted by the competency battles between the various segments of the armed forces that are involved in these matters. "It is altogether unacceptable; if you have met people returning from Sarajevo, if someone slams a door, they run for cover under a table."

PORUGAL

Increase in Brucellosis Cases in Braga District

93WE0028A Lisbon PUBLICO in Portuguese
4 Oct 93 p 21

[Article by Joao Palmeira: "Damned Brucellosis"]

[Excerpts] The parish president has counted 23 cases. The municipal health authority knows of six but admits the existence of others. Those are the doubts and discrepancies surrounding the human victims of brucellosis in the parish of Gomide in Vila Verde, Braga.

Chills, loss of appetite, and high fever are the chief symptoms of the disease, which is transmitted to man by infected animals (goats, sheep, and cattle) either through direct contact or through the consumption of milk and the cheese derived from it. An area of pastureland with about 300 residents, Gomide considers itself to be under attack by brucellosis. Health and animal health authorities have been alerted to the problem and are promising to take action.

Antonio Goncalves, who is parish president and a goat breeder, described his own experience for us: "Out of a herd of 100 or so goats, 54 have been slaughtered, and I myself wound up catching the disease."

He says that cases similar to his are occurring one after the other in his parish. One of the most recent known victims was the parish secretary, Belmiro Pimenta, who had to be hospitalized.

The municipal health authority is officially aware of six cases in Gomide and of two more in the parishes of Duas Igrejas and Oriz Santa Marinha. The health officer in Vila Verde, Adelino Marques da Silva, downplays the seriousness of the situation, telling PUBLICO that brucellosis is an endemic disease that is being dealt with and that no fatal cases are known to have occurred. Although the matter is important enough that a meeting with the Gomide parish president and the veterinary authority is scheduled for today, the health official questions the true motives behind the situation: "If the disease has been

spreading since April, why is it that the parish president never notified the health authority and then called the SIC [Catalan Information Service] in September?" Adelino Silva concedes that private and "electioneering" interests are taking precedence over concerns about the disease.

Antonio Goncalves is currently the person most affected in terms of animals slaughtered because of brucellosis. During the Easter season, 24 were slaughtered at one time, and over 30 have been killed since then. [passage omitted]

The Animal Health Department of the Entre Douro and Minho Regional Directorate of Agriculture is aware of over 20 breeders of small ruminants in Vila Verde who have animals infected with brucellosis and of the slaughter of 110 goats through July. According to that source, payment of the related indemnifications is being made within the normal period. Work to track down the disease will continue, and the sale of fresh cheese made from unpasteurized goat's milk and produced north of the municipality has been banned. [passage omitted]

The health official says that regardless of the real extent of the disease, controlling it requires concerted action by the clinical and veterinary agencies (including the slaughter of infected animals and vaccination of the others), with steps being taken to monitor the sale of animals and their products at the fairs in Vila Verde and Pico de Regalados.

Pleuropneumonia Cases Found in Cattle

93WE0028B Lisbon PUBLICO in Portuguese
4 Oct 93 p 21

[Article by Pedro Garcias: "Pleuropneumonia Is Spreading"]

[Text] The Milk Producers Association and Management Center of the Mirandes Plateau is concerned about the outbreak of contagious bovine pleuropneumonia that is raging throughout that region of Tras-os-Montes and especially in the parish of Malhadas in the municipality of Mogadouro, where the epidemic has now reached the stage of a "serious public disaster that is throwing cattle breeders so far into poverty that families are going hungry." Responsibility for "this calamitous situation" is being laid upon the Ministry of Agriculture, "which has not been taking timely and appropriate action to prevent" the spread of the disease and eradicate it.

In a statement sent to the Regional Directorate of Agriculture, the parliamentary groups in the Assembly of the Republic, and the European Parliament, the association talks about the "ministry's neglect of and lack of respect for the cattleraisers," says that "compensation for slaughtered animals is not being paid in a timely manner," and that, in cases where the slaughter policy is applied, subsidies for replacing herds are not being received in time. The organization also accuses the

ministry's regional offices of not complying with the law in effect concerning animal health.

Blaming the Ministry of Agriculture for "this chaotic situation and for what may happen," the producers in the northeast are demanding that the slaughter policy (meaning the slaughter of all the animals) be applied in Malhadas and that payment be made for slaughtering and replacing the livestock in question.

But the spread of tuberculosis in cattle and of brucellosis in sheep and goats is also reaching alarming proportions. A total of 20,000 animals were slaughtered between January and June, and 2,000 small ruminants are waiting to be slaughtered.

To make matters worse, there are still long delays in removing the animals and paying for them, a situation that is leading some producers to sell infected animals, thus making it easier for the disease to spread.

Meanwhile, the EC official who made an inspection visit to Tras-os-Montes has commented that because of the way the regional health services are organized, there is no possibility of eradicating any disease whatever.

SWEDEN

High Demand Causes Flu Vaccine To Run Out

*94WE0095A Stockholm DAGENS NYHETER
in Swedish 2 Nov 93 p 5*

[Article by Kerstin Hellbom: "The New Influenza Is Here: All Vaccine Sold Out; Waiting Period Drives Employees To Try and Protect Themselves"]

[Text] The first four cases of the new variety of the Beijing flu have now been reported in Sweden. This at the same time the influenza vaccine has run out.

At the start of the influenza season, the Vaccine Company has already sold about 450,000 doses of vaccine, which can be compared with the 400,000 doses sold during all of last year's season.

This is not due to medical risk groups' having grown but rather to the fact that employers are urging their staffs to go to company health services and get vaccinated. They are doing this because companies must now pay sickness benefits for the first 2 weeks an employee is sick. And employees are saying yes, because calling in sick has become more expensive for them as well, with waiting periods before benefits start and lower sickness benefits.

Reflects Society

"Influenza is a good mirror of society," said Ann-Marie Ahlbom, marketing chief at SBL Vaccin, Inc., as it is now called since the old National Bacteriological Laboratory [SBL] was divided up into a business half and an agency half.

"We estimated this year's vaccine requirement based on last year's demand, but this year the situation has changed. It is no longer just medical risk groups who are getting vaccinated; a new, big group of healthy and strong employees has come into being," Ahlbom said.

That is why the vaccine has run out for the time being, but a new, small shipment is expected from Canada this week. Larger shipments are being manufactured in England and France and it is estimated they could arrive in Sweden during the second half of November.

It is still not too late to get vaccinated, even if the influenza [season] is now under way. Two confirmed cases have been diagnosed in Uppsala and two in Stockholm, but the epidemic has not yet started. For those who are getting vaccinated for the first time, it takes 10 to 14 days to build up good resistance.

Starts With Pigs

"Older people and people with heart and lung diseases should absolutely get vaccinated, but for strong, healthy people, there is no medical reason to do so," said Annika Linde, a laboratory doctor at the Infectious Diseases Institute.

Following DAGENS NYHETER's "special article" on influenza on 20 October, letters came from, among other people, Annika Georg in Stockholm, who wondered why influenza almost always started in China. Why don't we ever hear, for example, about the "massive Oslo flu," she wondered.

This is because pigs in China are frequently to be found in ponds where waterfowl live. Pigs often carry a type of influenza virus whose genetic material combines with the genetic material that is commonly encountered in ducks, geese, and other waterfowl.

When the new subvarieties of the virus infect people, an influenza epidemic can start.

Government To Withdraw Hospital From Somalia

*94WE0095B Stockholm SVENSKA DAGBLADET
in Swedish 3 Nov 93 p 4*

[Article from TIDNINGARNAS TELEGRAMBYRA: "Swedes To Stop in Somalia"]

[Text] Mogadishu/Stockholm (TT)—The Swedish UN hospital in Somalia's capital, Mogadishu, should remain as a part of foreign aid. So says the field hospital's chief physician, Major Ola Ahlund. But Foreign Aid Minister Alf Svensson (Christian Democratic Party) believes that the government's decision this past May about withdrawing by the end of the year is a firm one.

"There are three hospitals in Mogadishu run by the Red Cross, and we will offer them assistance with modern resources," Svensson stated.

"We accept the fact that there isn't the money to run it any more, but now that we have a hospital that's functioning in this country with its crying needs, I think it's odd that when you still have to provide foreign aid, that money should go into something else," said Dr. Ahlund, with whom TIDNINGARNAS TELEGRAMBYRA spoke via satellite phone on Tuesday [2 November].

UNITED KINGDOM

Health Minister Says Health Service Reform To Continue

94WE0003A London THE DAILY TELEGRAPH
in English 3 Sep 93 p 2

[Article by George Jones, Political Editor: "No Let-up in Pace of NHS Reform, Says Bottomley"]

[Text] The National Health Service [NHS] will remain exposed to the economic realities of reform despite concern that leading hospitals are being ordered to suspend non-urgent treatment to avoid a cash crisis.

Mrs Bottomley, Health Secretary, yesterday reaffirmed her determination to maintain the momentum of change in the NHS, brushing aside criticism that the new internal health market could force increasing numbers of hospitals into financial difficulty and eventual closure.

"I am determined to achieve managed and orderly change. But it would be wrong to remove the economic realities of decisions that are being made," she said. "Health services can go further faster if they use every last pound cost-effectively. To disregard cost-effectiveness simply means fewer patients will be treated."

Her comments reflect the Government's view that some hospitals will continue to run up huge deficits unless they face the disciplines of the market place.

She dismissed as "alarmist" claims of a crisis in the NHS and rejected suggestions that leading London hospitals, such as University College and Middlesex, could close because they would not be able to become competitive in time.

Last week UCH, Middlesex and three other London hospitals suspended routine operations, fuelling fears of widespread cuts in the number of patients being treated for non-urgent conditions. Camden and Islington health authority told UCH to halt treatment of non-urgent patients to avoid over-spending and said it might send patients to cheaper hospitals next year.

The Redbridge and Waltham Forest Health Authority also said it was necessary to halt treatment of non-urgent patients at the Royal London, the Royal Orthopaedic Hospital and the Royal National Throat, Nose and Ear Hospital to avoid over-running agreed contracts.

The decisions, five months into the financial year, prompted concern that more hospitals will follow suit as health authorities take advantage of the internal market—the centrepiece of the Government's reforms—to switch contracts to try to save money.

The difficulties faced by leading London hospitals prompted Sir Bernard Tomlinson, who planned the reorganisation of the capital's health services, to voice his concern that exposing hospitals to market forces without proper management could destroy them piecemeal.

Speaking at the annual meeting of the British Association for the Advance of Science at Keele University on Wednesday, he said he would be "horrified" if similar reorganisations in other cities were as disorderly as London's. He said if London's hospitals were to be high class and viable the effects of the market had to be modified by intervention. He called for additional resources for London hospitals.

Mrs Bottomley, however, in an interview with THE DAILY TELEGRAPH, defended the operation of the internal health market and made clear there would be no backtracking on reforms. "Change has to happen," she said.

"I recognise that it is tough. It is difficult. I share the emotional attachments and longstanding loyalties to a number of great teaching hospitals. But no change is no option. If we don't take forward change we will embark on a spiral of decline."

She defended Camden and Islington health authority, saying it was rightly seeking to secure better value for money, and rejected suggestions that the UCH and Middlesex could close.

"There is no question of UCH and Middlesex being anything other than a great national and international institution in the future so long as it takes steps to get its budget in balance," she said. "Last year, it had one of the highest deficits of any hospital at £13 million. That deficit has to be paid for by other parts of the health service. There are strong feelings from those hospitals which are balancing their books by tough and unpopular decisions about those that have not taken similar steps."

Mrs Bottomley emphasised the significance of the role of district health authorities to "purchase" health care for their local population. They were not making informed decisions about how money should be spent throughout the year, instead of allowing deficits to build up.

"Their responsibility and loyalty is not to any particular hospital, but to the people they serve," she said. "Out of fixed budgets they must secure a range of health services for local people."

Authorities had difficult choices to make between treating more patients at one hospital or fewer at another. They had to "explain" decisions and act responsibly.

Viral Fever Outbreak Reported on Cruise Ship

94WE0078 London *THE DAILY TELEGRAPH*
in English 2 Nov 93 p 3

[Article by Peter Pallot: "Fever Outbreak on Canberra Cruise"]

[Text] The liner *Canberra* had to be sanitised when it docked at Southampton yesterday after a voyage in which passengers had been "falling ill all over the place."

One of the victims, Mr Robert Stacey-White, said many passengers—who had paid up to £2,000 to visit Lisbon, Athens, Port Said, Haifa and Gibraltar—had spent the trip in their bunks.

"They called it flu, but it was nothing like anything I have ever experienced," he said. "They were dropping in the aisles. One table the night before last was reduced from seven to two old ladies, one of whom collapsed into her food."

Mr Stacey-White, 51, who lives in Spain, added: "At one stage there was a three or four hour wait to see the doctor. I don't say they did not do everything they could, the doctor was worked off his feet."

Victims suffered breathing difficulties, fever, high temperature and a hacking cough, he said. "That is not funny when you have a lot of passengers in their seventies. It is a lovely old ship but the air-conditioning is archaic."

Owners P & O said that 208 of 1,600 holidaymakers on the 16-day cruise suffered viral infections. Fifty of the 800 crew were also ill. Mr Gwyn Hughes, managing director, said the air-conditioning unit was installed when the vessel was built 35 years ago, but it had been frequently serviced and had had its annual overhaul only a few weeks ago.

"People blame the air-conditioning just as people working in air-conditioned offices put down their coughs and sneezes to the system when the spread occurs naturally," he said.

"Given the nature of the illness and the way it spread, the authorities have expressed no concern about the *Canberra*. If there was she would not be sailing again—she would not be able to."

"The infection was an extension of the viral illness that is going round the country at the moment."

The liner set sail last night with a fresh load of passengers on an Atlantic cruise.

Five years ago a *Canberra* Mediterranean cruise was blighted in a similar incident. Tests identified the cause of that outbreak as Norwalk virus, which is highly infectious.

Investigators cleared the liner's catering service as a source of the infection and said that it had probably been brought on board by a passenger.

Cattle Pest Imported on Cows From France

94WE0038A London *THE DAILY TELEGRAPH*
in English 22 Sep 93 p 20

[Article by David Brown, agriculture correspondent: "Cattle Pest Imported on French Cows"]

[Text] The warble fly, a cattle pest that cost millions of pounds to eradicate from Britain, has returned in force due to the EC's open frontier policy on livestock trade, Mr Keith Meldrum, the Government's chief vet, said yesterday.

He told the annual congress of the British Veterinary Association in Edinburgh that 70 cases had been reported in Britain this year.

Farmers may now be forced to use organo-phosphorous pesticides to get rid of the fly. These pesticides are similar to the sheep-dip ingredients that are blamed for making farmers, their workers and families ill.

The fly, about three-quarters of an inch long, lays its eggs on the hair of cattle and horses. The larvae then burrow under the skin, before emerging to transform into adults.

The fly has been reintroduced to Britain on cattle imported from France, Mr Meldrum said. While he was worried about other diseases rife in EC countries—including swine fever and fowl pest—he said he was confident his ministry vets were doing their best to stop infected livestock entering Britain.

Government vets, he said, had stepped up spot checks at ports of entry.

He added that it was unwise for farmers to introduce newly-bought livestock into their herds before they had been thoroughly checked by vets.

Common Market animal health controls were attacked by Labour yesterday as vets called for more safeguards for British farmers.

Dr Gavin Strang, shadow agriculture minister, told the congress that new measures were "inadequate" to protect livestock on British farms from diseases spreading through Europe.

Germany, Japan Develop Heavy Ion Particle Accelerator for Cancer Treatment

BR2610111693 Munich SUEDDEUTSCHE ZEITUNG
in German 7 Oct 93 p 37

[Article by Thomas Buehrke: "Japan Pins Hopes on Heavy Ions—Delay in German Tumor Radiation Project"]

[Text] The first particle accelerator to be used almost exclusively in cancer treatment is scheduled to enter service next March in Chiba, near Tokyo. The \$300-million medical heavy-ion accelerator, HIMAC for short, will provide radiation therapy for about 1,000 patients a year. At the projected operating cost of \$50 million a year, a year's treatment per patient will weigh in at \$50,000.

The apparatus accelerates atomic nuclei of heavy elements, such as neon, to energies reaching several hundred million electronvolts. These "heavy ions" are ideal for treating tumors as, unlike the electron or gamma rays used in conventional treatment, they yield the greater part of their energy only when they reach their destination. This means that ions of this type first pass through the healthy tissue without significant slowing and duly "explode" on target.

The depth at which this occurs depends on the initial energy of the particles, which can be regulated from the accelerator, thus avoiding damage to the healthy tissue encountered around the tumor. This accurate definition of the ions' range also makes for precise radiation of an irregularly shaped tumor. The positioning of the HIMAC beam is reported to be precise to a few millimeters.

The Japanese scientists acquired the know-how for this project largely from the Heavy Ion Research Society (GSI) in Darmstadt, where the German researchers too could have set up a treatment station attached to the accelerator, which has been in operation for 3 years. Radiation therapy would have taken place in parallel with scientific operation. A team comprising personnel from the University Radiology Clinic, the German Cancer Research Center (both in Heidelberg), and the GSI has long been endeavoring to set up a station of this type.

Although the federal research minister has welcomed the project, attempts have foundered to date for lack of a viable form of financing. Fitting out a radiation station with the requisite technical equipment and building an annex to the institute where the patients would be prepared would cost 8.6 million German marks [DM]. The organizers are currently attempting to involve the medical insurance companies in the project, reports Dieter Boehne of the GSI.

Meanwhile, the physicists in Darmstadt are already busy devising radiation treatment methods and devices. They have recently developed an apparatus with which the charged particles can be used to "scan" a volume of tissue: The ion beam is deflected by electromagnets in such a way as to scan a given plane in the tissue, then the beam energy is reduced to bombard another layer further to the front. As the depth of penetration into the body decreases in proportion to the energy level, a tumor can thus be treated layer by layer.

If heavy-iron therapy proves effective, the researchers intend to build a smaller accelerator exclusively for tumor treatment at the Radiology Clinic in Heidelberg. It is estimated that this would cost just under DM70 million. A machine of this type would have the advantage of providing several radiation stations.

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